

METROPOLITAN ASYLUMS BOARD.

---

# ANNUAL REPORT—1900

(IN TWO VOLUMES).

---

**VOL. II.**

---

FIFTEENTH REPORT

OF THE

STATISTICAL COMMITTEE,

WITH

APPENDICES.

---

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LONDON:

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1901.



# ERRATA.

Reports for 1899 :—

- (1) The post-scarlatinal diphtheria return on page 219 of this volume was omitted from page 174, vol. II., 1899.
- (2) Substitute the following figures in respect of the South-Eastern Hospital, on pages 180-1, vol. II., 1899 :—

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Cases.		Deaths.		Mortality.
157	....	36	....	22·9
<i>Injected with Antitoxin.</i>				
156	....	35	....	22·1

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79	....	30	....	37·9
All were injected with antitoxin.				

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# STATISTICAL COMMITTEE.

1900–1901.

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OFFICE OF THE BOARD—Victoria Embankment, London, E.C.







# METROPOLITAN ASYLUMS BOARD.

## REPORT OF THE STATISTICAL COMMITTEE FOR THE YEAR 1900.

*To the Managers of the  
Metropolitan Asylum District.*

22nd May, 1901.

We submit our report for the year 1900 upon the statistics concerning:—

- (1) The notification of cases of infectious disease in the Metropolis ;
- (2) The work of the ambulance service ; and
- (3) The inmates of the various institutions under the Managers' control.

### i. INFECTIOUS DISEASES.

**Notification Statistics.** (1.) During the year there were notified in the Metropolis 35,247 (*42,285*)\* cases of infectious disease. Of these, 30,243 (*36,338*) were legally admissible to the Managers' hospitals. The remainder—mainly cases of erysipelas, but including also 237 (*326*) cases of puerperal fever—were not admissible. Out of the 30,243 admissible cases, 21,361 (*24,732*)† cases, or 70·63 (*68·08*) per cent., were actually admitted.

Since 1890, the first complete year in which compulsory notification was in force, the proportion of admissions to the total number of legally admissible cases has been as follows:—

1890	...	33·59 per cent.	1896	...	52·37 per cent.
1891	...	36·69 „	1897	...	58·50 „
1892	...	43·17 „	1898	...	65·50 „
1893	...	36·91 „	1899	...	68·08 „
1894	...	52·23 „	1900	...	70·63 „
1895	...	50·31 „			

Table A, pp. 13-14, shows the number of notifications of, and deaths from, those notifiable diseases which are admissible to the Managers'

\* *Italic figures in brackets throughout are the corresponding figures for 1899.*

† Including 18 cases detained for observation at South Wharf, but excluding Tottenham and other extra-metropolitan cases shown on pp. 22 and 106.

hospitals, the ratio of such notifications and deaths to the population, the number of notifications of other notifiable diseases, and the grand total of cases notified during 1900.

The increase in the ratio of diphtheria to scarlet fever, which has been a marked feature for some years past, again shows further progress. The number of diphtheria notifications actually exceeded those of scarlet fever in 13 (7)\* different districts, viz., Fulham, Stoke Newington, Shoreditch, Bethnal Green, Limehouse, Poplar, St. Saviour's, Newington, Bermondsey, Rotherhithe, Lambeth, Camberwell, and Lee.

Facing p. 15 we give three charts tracing the course throughout the year of scarlet fever, diphtheria, and enteric fever respectively. Each chart shows week by week (*a*) the notifications of the disease to which it relates, (*b*) the admissions, and (*c*) the number of patients under treatment.

---

\* *Italic figures in brackets throughout are the corresponding figures for 1899.*



TABLE A.—Cases of Infectious Disease Notified, and Deaths therefrom, in London in 1900.

Sanitary Authorities in whose Districts the cases were resident.	Estimated Population. 1900.	Estimated Density of Population per Acre.	NOTIFICATIONS OF, AND DEATHS FROM, THOSE NOTIFIABLE DISEASES WHICH ARE ADMISSIBLE TO THE MANAGERS' HOSPITALS.										NOTIFICATIONS OF OTHER NOTIFIABLE DISEASES.				GRAND TOTAL OF NOTIFICATIONS.							
			NOTIFICATIONS.										DEATHS.											
			Smallpox.	Scarlet Fever.	Diphtheria.	Membranous Croup.	Enteric or Typhoid Fever.	Typhus Fever.	Relapsing Fever.	Continued Fever.	TOTAL NOTIFICATIONS.	Annual Rate per 1,000 persons living.	Smallpox.	Scarlet Fever.	Diphtheria (including Membranous Croup).	Enteric or Typhoid Fever.		Typhus Fever.	TOTAL DEATHS.	Annual Rate per 1,000 persons living.	Cholera.	Erysipelas.	Puerperal Fever.	TOTAL.
WEST DISTRICTS.																								
Paddington ... ..	130,104	104	5	306	152	2	56	2	—	3	526	4·1	—	5	27	8	1	41	0·32	—	122	6	128	654
Kensington ... ..	173,603	79	6	366	328	4	103	—	—	10	817	4·7	—	4	27	17	—	48	0·28	—	160	9	169	986
Hammersmith ... ..	110,203	48	2	352	252	—	103	—	—	2	711	6·5	—	7	28	17	—	52	0·46	—	113	6	119	830
Fulham ... ..	136,383	80	9	552	633	9	92	—	—	2	1,297	9·5	—	23	66	18	—	107	0·79	—	153	9	162	1,459
Chelsea ... ..	96,715	122	2	233	179	2	81	1	—	3	501	5·2	—	7	18	19	—	44	0·46	1	71	7	79	580
St. George, Hanover Square...	81,133	73	2	167	88	3	55	—	—	3	318	3·9	—	6	11	11	1	29	0·36	—	47	1	48	366
Westminster ... ..	51,657	63	—	122	104	1	31	—	—	—	258	5·0	—	1	8	9	—	18	0·35	—	53	4	57	315
St. James, Westminster ...	21,457	132	—	62	39	—	12	—	—	—	113	5·3	—	1	4	3	—	8	0·38	—	16	—	16	129
NORTH DISTRICTS.																								
Marylebone ... ..	139,777	93	5	382	214	2	82	—	—	—	685	4·9	2	12	40	12	—	66	0·48	—	200	5	205	890
Hampstead ... ..	81,766	36	—	224	156	4	50	—	—	—	434	5·3	—	4	31	9	—	44	0·54	—	50	4	54	488
St. Pancras ... ..	245,651	92	7	658	583	6	356	—	—	1	1,611	6·6	—	10	72	64	—	146	0·59	—	234	11	245	1,856
Islington ... ..	351,541	113	2	1,084	628	9	265	1	—	6	1,995	5·7	1	25	105	49	—	180	0·51	—	294	16	310	2,305
Stoke Newington ... ..	35,718	56	—	126	127	3	24	—	—	—	280	7·9	—	4	14	6	—	24	0·67	—	30	4	34	314
Hackney ... ..	225,519	68	16	695	614	7	228	1	—	5	1,566	7·0	—	19	59	43	—	121	0·53	—	230	15	245	1,811
CENTRAL DISTRICTS.																								
St. Giles ... ..	36,870	151	—	98	58	2	33	—	—	—	191	5·2	—	4	8	5	—	17	0·47	—	51	1	52	243
St. Martin-in-the-Fields ...	11,865	41	—	24	14	—	10	—	—	—	48	4·1	—	—	2	3	—	5	0·42	—	4	—	4	52
Strand ... ..	22,748	137	—	78	37	1	10	—	—	1	127	5·6	—	1	3	4	—	8	0·35	—	9	—	9	136
Holborn ... ..	29,188	146	—	100	67	—	24	—	—	1	192	6·6	—	4	5	4	—	13	0·45	—	41	—	41	233
Clerkenwell ... ..	66,007	174	—	137	119	1	60	—	—	1	318	4·8	—	10	18	6	—	34	0·51	—	75	1	76	394
St. Luke ... ..	40,655	172	—	95	75	1	32	—	—	—	203	5·0	—	2	13	6	—	21	0·52	—	58	1	59	262
City of London ... ..	26,922	40	—	83	65	—	29	—	—	—	177	6·6	—	5	6	2	—	13	0·48	—	21	—	21	198
EAST DISTRICTS.																								
Shoreditch ... ..	120,641	186	3	328	344	10	124	—	—	2	811	6·7	—	16	57	14	—	87	0·72	—	170	8	178	989
Bethnal Green ... ..	128,831	171	4	370	391	16	153	—	—	1	935	7·3	—	12	63	18	—	93	0·72	—	234	8	242	1,177
Whitechapel ... ..	82,220	218	1	399	256	5	79	1	—	—	741	9·0	—	11	19	9	—	39	0·47	—	128	6	134	875
St. George-in-the-East ...	48,875	200	7	138	114	4	65	—	—	—	328	6·7	—	6	14	10	—	30	0·62	—	85	7	92	420
Limehouse ... ..	58,944	127	1	172	180	—	75	—	—	—	428	7·3	—	13	17	7	—	37	0·63	—	107	2	109	537
Mile End Old Town ... ..	113,781	168	1	334	289	8	119	—	—	—	751	6·6	—	7	35	22	—	64	0·56	—	176	6	182	933
Poplar ... ..	170,968	73	2	493	620	25	268	1	—	2	1,416	8·3	—	8	115	47	—	170	1·00	—	194	10	204	1,620
SOUTH DISTRICTS.																								
St. Saviour, Southwark ...	23,854	117	—	82	115	1	27	—	—	—	225	9·5	—	—	15	6	—	21	0·88	—	23	2	25	250
St. George, Southwark ...	60,597	213	—	251	216	5	179	—	—	1	652	10·8	—	11	23	12	—	46	0·76	—	75	3	78	730
Newington ... ..	125,138	193	1	356	437	10	101	—	—	—	905	7·3	—	11	70	21	—	102	0·82	1	134	10	145	1,050
St. Olave, Southwark ...	10,909	87	—	37	14	—	7	—	—	—	58	5·3	—	1	3	—	—	4	0·37	—	8	—	8	66
Bermondsey ... ..	85,920	137	—	258	347	5	120	—	—	—	730	8·5	—	7	59	27	—	93	1·09	—	60	6	66	796
Rotherhithe ... ..	41,246	55	—	102	107	6	77	—	—	—	292	7·1	—	6	26	10	—	42	1·02	—	71	3	74	366
Lambeth ... ..	312,152	79	—	821	842	6	273	—	—	17	1,959	6·3	—	21	101	53	—	175	0·56	2	236	12	250	2,209
Battersea ... ..	178,100	82	—	545	309	6	205	—	—	1	1,066	6·0	—	11	34	32	—	77	0·43	—	164	6	170	1,236
Wandsworth ... ..	217,004	23	4	673	448	6	153	—	—	1	1,285	5·9	—	17	44	27	—	88	0·40	—	206	15	221	1,506
Camberwell ... ..	268,457	60	3	818	890	10	186	—	—	6	1,913	7·1	—	12	132	33	—	177	0·65	—	214	10	224	2,137
Greenwich ... ..	184,582	54	—	685	503	19	177	—	—	2	1,386	7·5	—	15	64	23	—	102	0·55	—	235	11	246	1,632
Lewisham (excluding Penge)	93,548	16	—	417	307	4	57	—	—	—	785	8·4	—	9	32	14	—	55	0·59	—	72	4	76	861
Woolwich ... ..	41,600	37	2	133	98	1	23	—	—	—	257	6·2	1	6	7	3	—	17	0·40	—	39	2	41	298
Plumstead ... ..	65,558	19	—	298	237	4	39	—	—	2	580	8·9	—	7	25	9	—	41	0·63	—	73	4	77	657
Lee ... ..	40,722	6	—	137	163	1	18	—	—	—	319	7·9	—	—	19	4	—	23	0·57	—	24	2	26	345
Port of London ... ..	—	—	2	4	17	—	30	—	—	—	53	—	—	—	—	—	—	—	—	1	2	—	3	56
Totals ... ..	4,589,129	61	†87	13,800	11,776	†209	4,291	7	—	73	30,243	6·6	4	361	1,539	716	2	2,622	0·58	5	4,762	237	5,004	35,247
Percentage of the above cases admitted to the Managers' Hospitals (un-corrected for mistakes in diagnosis) ...	—	—	—	75·15	72·48	*47·70	57·14	—	—	—	70·63	—	75·00	86·15	63·03	33·10	50·00	64·42	—	{Percentage of deaths in the Managers' Hospitals. § Percentages for 1899.				
	—	—	—	—	—	—	—	—	—	—	—	—	100·00	87·19	60·33	31·66	—	61·89	—					

\* This does not include 201 cases admitted into general hospitals under arrangements made with those hospitals by the Managers, but if such cases be included the number of admissions will be increased to 2,248, and the percentage to 52·39.

† Only cases of membranous croup which are certified to be of a diphtheritic nature may be admitted into the Board's hospitals.

‡ 94 cases were removed to the South Wharf, but only 64 were eventually found to be genuine cases of smallpox.

§ These percentages were omitted from last year's annual report.











# METROPOLITAN ASYLUMS BOARD.

*CASES OF SCARLET FEVER notified and admitted during each week of 1900, together with the mean number under treatment each week (uncorrected for mistakes in diagnosis).*

UNDER TREATMENT.

Each Line = 50 Cases.

UNDER TREATMENT.

NOTIFICATIONS.  
ADMISSIONS.

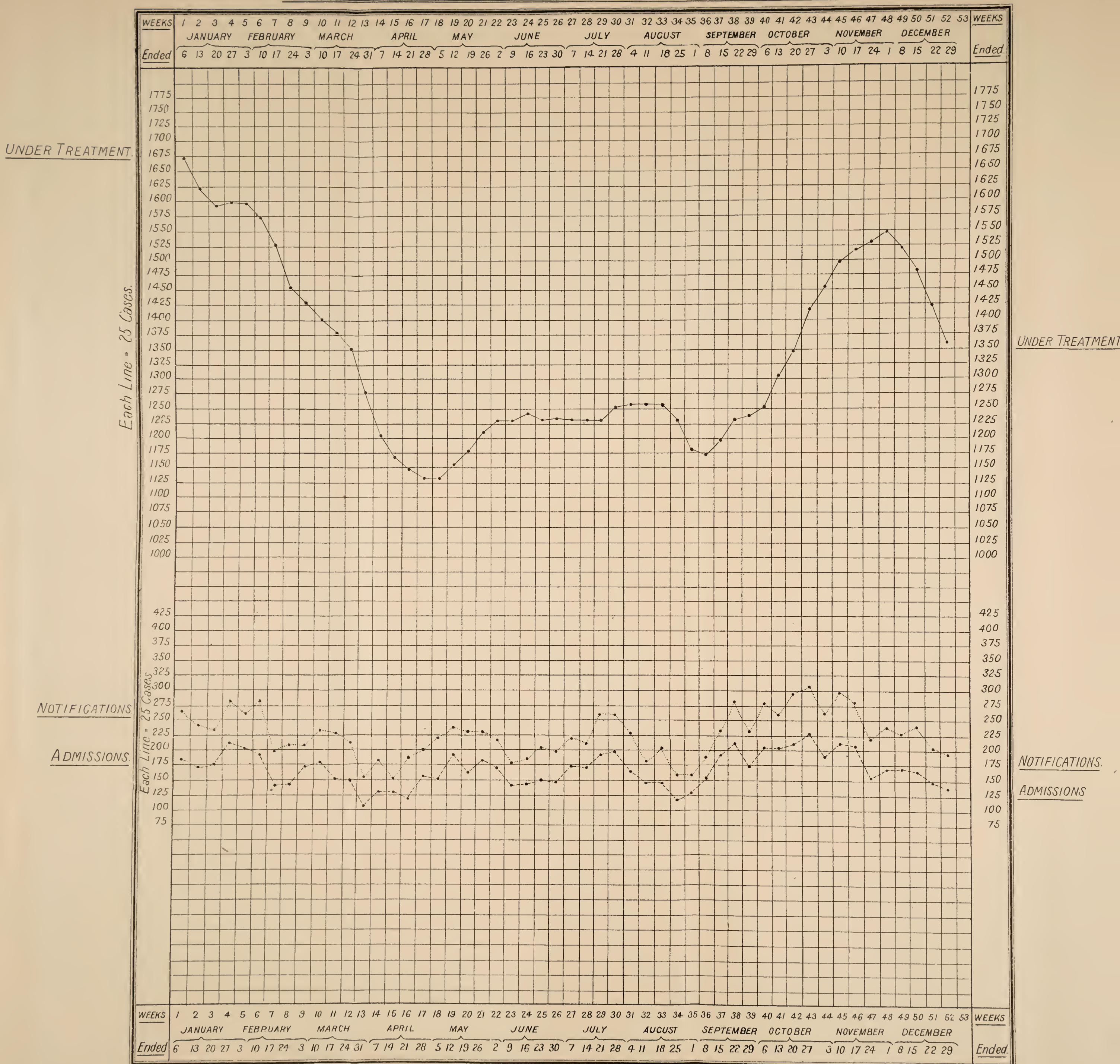


NOTIFICATIONS.  
ADMISSIONS.





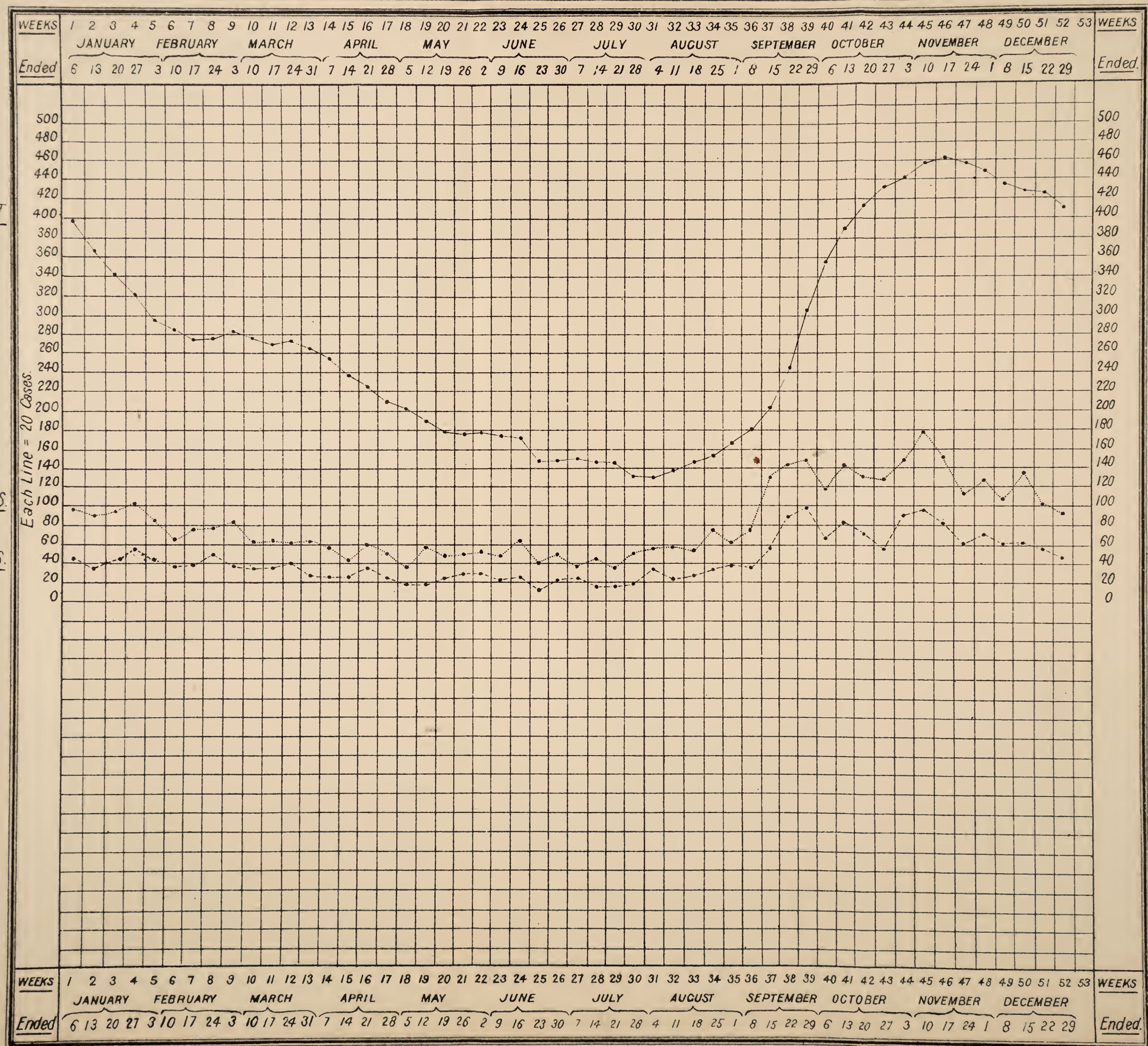
**CASES OF DIPHTHERIA** notified and admitted during each week of 1900,  
together with the mean number under treatment each week (uncorrected for mistakes in diagnosis).





# METROPOLITAN ASYLUMS BOARD.

**CASES OF ENTERIC FEVER** notified and admitted during each week of 1900,  
together with the mean number under treatment each week (uncorrected for mistakes in diagnosis).







The numbers of notifications and admissions in each chart are based upon the figures in the following table :—

TABLE A1.—Cases of Scarlet Fever, Diphtheria, and Enteric Fever notified, Number admitted, and Percentage of Admissions to Notifications for each week during 1900.

WEEK ENDED		SCARLET FEVER.			DIPHTHERIA.			ENTERIC FEVER.		
		Notifica- tions.	Ad- missions.	Percentage of Admissions.	Notifica- tions.	Ad- missions.	Percentage of Admissions.	Notifica- tions.	Ad- missions.	Percentage of Admissions.
	1900.									
1	Jan. 6	221	175	79·19	266	184	69·17	95	43	45·26
2	" 13	225	165	73·33	248	169	68·15	89	35	39·33
3	" 20	258	199	77·13	238	175	73·53	93	45	48·39
4	" 27	245	176	71·84	283	212	74·91	102	55	53·92
5	Feb. 3	217	169	77·88	260	201	77·31	84	47	55·95
6	" 10	222	145	65·32	281	192	68·33	69	36	52·17
7	" 17	208	151	72·60	197	141	71·57	77	37	48·05
8	" 24	185	155	83·78	209	143	68·42	78	49	62·28
9	Mar. 3	202	147	72·77	208	173	83·17	84	36	42·85
10	" 10	191	138	72·25	238	177	74·37	62	34	54·84
11	" 17	254	173	68·11	226	152	67·26	65	34	52·31
12	" 24	226	159	70·35	216	151	69·91	61	40	65·57
13	" 31	206	165	80·10	158	108	68·35	62	28	45·16
14	Apr. 7	242	181	74·79	184	132	71·74	55	24	43·64
15	" 14	218	178	81·65	155	129	83·29	44	24	54·55
16	" 21	217	160	73·73	188	117	62·23	60	33	55·00
17	" 28	217	165	76·04	200	155	77·50	50	26	52·00
18	May 5	238	165	69·33	220	151	68·64	34	19	55·88
19	" 12	256	196	76·56	238	189	79·41	54	19	35·19
20	" 19	254	216	85·04	229	163	71·18	48	24	50·00
21	" 26	271	207	76·38	230	181	78·70	50	29	58·00
22	June 2	259	185	71·43	217	170	78·39	53	29	54·72
23	" 9	262	192	73·28	177	143	87·91	48	21	43·75
24	" 16	270	201	74·44	182	145	79·67	66	24	36·36
25	" 23	291	205	70·45	201	150	74·63	40	14	35·00
26	" 30	283	190	67·14	196	148	75·51	49	21	42·86
27	July 7	283	222	78·44	220	174	79·09	38	23	60·53
28	" 14	240	200	83·33	211	172	81·52	43	17	39·53
29	" 21	254	210	82·68	256	189	73·83	38	16	42·11
30	" 28	226	193	85·40	253	191	75·49	47	19	40·43
31	Aug. 4	197	148	75·13	228	167	73·25	53	33	62·26
32	" 11	193	145	75·13	178	146	82·02	57	26	45·61
33	" 18	195	151	77·44	202	147	72·77	52	28	53·85
34	" 25	191	137	71·73	161	118	73·29	74	32	43·24
35	Sep. 1	205	160	78·05	161	129	80·12	64	39	60·94
36	" 8	237	197	83·12	189	156	82·54	74	37	50·00
37	" 15	302	232	76·82	238	190	79·83	128	57	44·53
38	" 22	306	253	82·68	284	213	75·00	142	88	61·97
39	" 29	391	297	75·96	233	172	73·82	149	96	66·43
40	Oct. 6	349	291	83·38	278	202	72·66	117	68	58·12
41	" 13	385	289	75·06	264	203	76·89	141	82	58·16
42	" 20	416	304	73·08	294	212	72·11	127	74	58·27
43	" 27	426	300	70·42	307	227	70·68	126	57	45·24
44	Nov. 3	407	323	79·36	265	188	70·94	147	88	59·86
45	" 10	363	278	76·58	299	211	70·57	179	96	53·63
46	" 17	365	243	66·58	286	206	72·03	152	81	53·29
47	" 24	293	225	76·79	222	153	68·92	112	62	55·36
48	Dec. 1	337	258	76·56	239	168	70·29	126	71	56·19
49	" 8	336	242	72·02	227	169	74·45	109	63	57·80
50	" 15	303	237	78·22	235	166	70·64	132	63	47·73
51	" 22	264	206	78·03	205	148	72·20	101	57	56·44
52	" 29	198	154	77·78	196	138	70·41	91	47	51·65
		13,800	10,453	75·75	11,776	8,706	73·93	4,291	2,246	52·34

(N.B.—Extra-metropolitan cases admitted into the Board's hospitals are deducted from the weekly admissions. Enteric fever cases taken to London general hospitals are added to the weekly admissions.)



This table is also of interest as showing the great variation from week to week in the percentages of cases admitted to hospital. The variations range from 65·32 (63·05)\* to 85·40 (87·40) in the case of scarlet fever; from 62·23 (56·91) to 87·91 (83·55) in the case of diphtheria; and from 35·00 (20·63) to 65·57 (75·00) in the case of enteric fever.

The following table, A<sub>2</sub>, shows the number of cases of infectious disease admissible to the Managers' hospitals which were notified during the years 1890 to 1900 :—

TABLE A<sub>2</sub>.—*Number of cases of admissible Diseases† notified during the years from 1890 to 1900.*

YEARS.	Scarlet.	Diphtheria.	Enteric.	Typhus.	Smallpox.	Relapsing Fever.‡	Continued Fever.‡	TOTALS.
1890	15,330	5,870	2,877	35	60	7	237	24,416
1891	11,398	5,907	3,372	27	114	39	152	21,009
1892	27,095	7,781	2,465	20	423	7	147	37,938
1893	36,901	13,026	3,663	22	2,813	4	205	56,634
1894	18,440	10,655	3,360	21	1,192	2	162	33,832
1895	19,757	10,772	3,506	14	979	3	105	35,136
1896	25,647	13,362	3,190	6	225	3	103	42,536
1897	22,848	12,803	3,103	4	104	1	67	38,930
1898	16,894	11,543	3,024	16	32	1	55	31,565
1899	18,089	13,346	4,453	13	29	1	69	36,000
1900	13,800	11,776	4,291	7	87	—	73	30,034

The proportion which the hospital admissions bear to the total number of cases is of great importance to the Managers in considering the question of the amount of accommodation which should be provided to meet the wants of the Metropolis. In this connection the following table will be of interest :—

TABLE A<sub>3</sub>.—*Percentage of Admissions to Notifications of each admissible Disease during the years 1890 to 1900.*

DISEASES.	1890.	1891.	1892.	1893.	1894.	1895.	1896.	1897.	1898.	1899.	1900.
Scarlet Fever	42·82	46·84	48·80	39·68	63·94	58·20	62·65	66·99	73·16	74·34	75·15
Diphtheria...	17·87	25·07	30·19	24·52	38·89	41·55	39·92	51·64	62·12	69·69	72·48
Enteric Fever	22·49	27·34	25·27	20·01	20·24	24·13	27·02	30·36	36·64	40·78	47·70
Typhus Fever	42·86	70·37	60·00	36·36	61·90	42·86	33·33	50·00	87·50	84·62	57·14

N.B.—These percentages are exclusive of extra-metropolitan cases, but are not corrected for cases of mistaken diagnosis discovered after admission to hospital, and therefore do not correspond exactly with the percentages obtained by taking the corrected admissions as shown in Table I., p. 20.

The proportion of scarlet fever admissions to notifications has risen from 42·82 to 75·15, of diphtheria cases from 17·87 to 72·48, and of enteric cases from 22·49 to 47·70. The low figures of 1893 were due to the fact that scarlet fever and diphtheria were unusually prevalent that year, and the Board's hospital accommodation was quite inadequate.

Enteric fever was more prevalent in the years 1899 and 1900 than in any previous year since the introduction of compulsory notification.

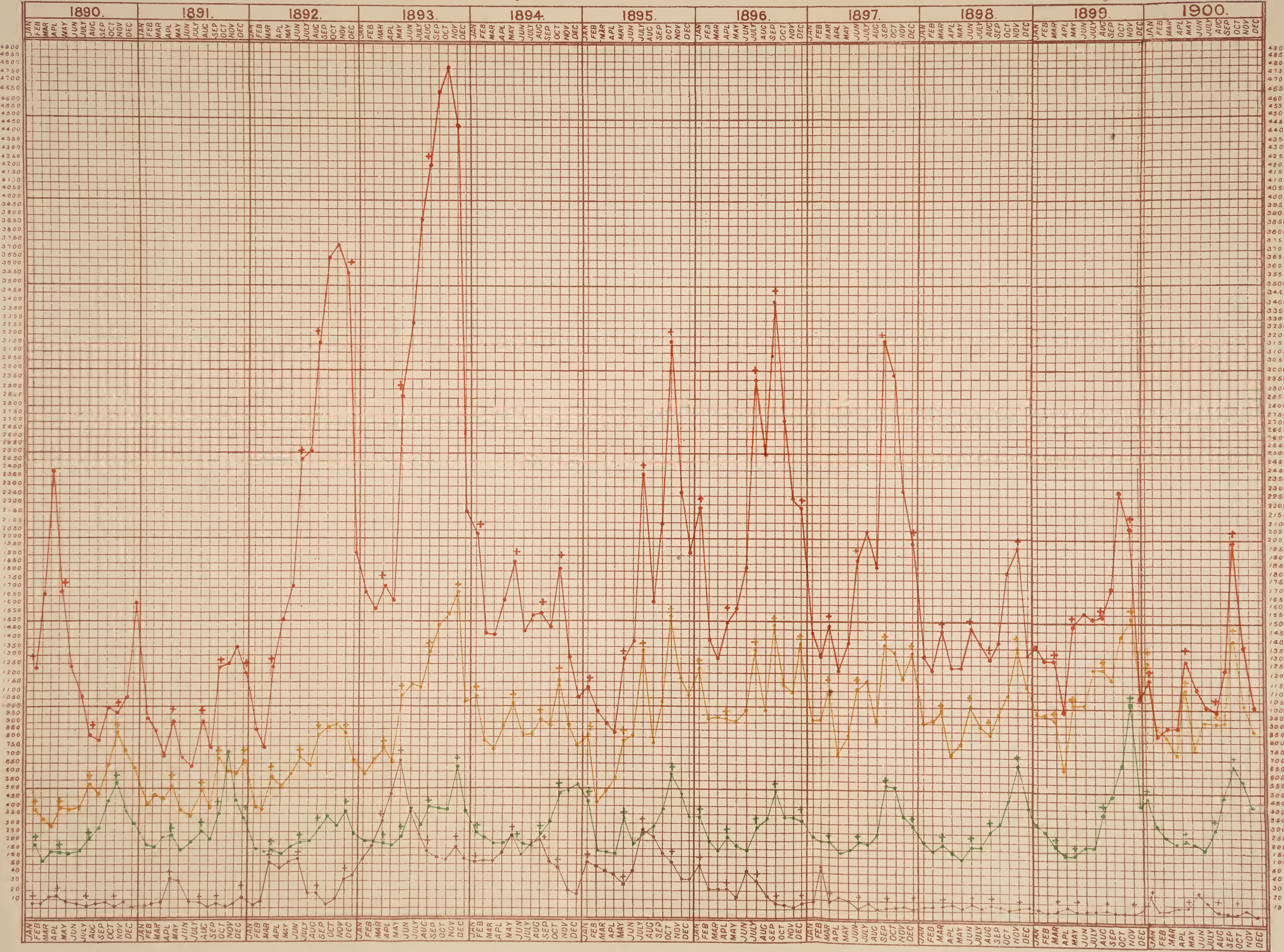
\* Italic figures in brackets throughout are the corresponding figures for 1899.  
† Cases of membranous croup are not included in this table. See note, pp. 13–14.  
‡ Although relapsing and continued fevers are admissible to the Managers' hospitals, few cases so certified are sent in.





METROPOLITAN ASYLUMS BOARD.

NOTIFICATION CHART, - Monthly notifications, Scarlet fever, Red line, Enteric fever, Green line, Diphtheria, Yellow line, Smallpox, Brown line. N.B. The crosses indicate months including five weeks. The figures on which the Chart is based were not corrected for mistakes in diagnosis.





The chart facing this page traces the course of scarlet fever, diphtheria, enteric fever, and smallpox month by month during each year from 1890 to 1900. Notwithstanding that the Managers have more than doubled their accommodation for fever cases since 1891, it may still become necessary to make further provision, as the present accommodation would prove inadequate should scarlet fever and diphtheria again become as prevalent as they were in the year 1893.

SPOTTED MAPS. Maps spotted to show the distribution of the principal fevers throughout the Metropolis during 1900 will be found in the pocket at the end of this volume.

In all, there are eight maps, dealing with five diseases.

*Scarlet Fever* cases are spotted on four maps—one for each quarter of the year.

*Diphtheria* cases are on two maps—one for each half-year.

*Enteric Fever* cases are on one map.

*Smallpox* and *Typhus Fever* cases are shown on one map, the former being represented by spots and the latter by crosses.

AND SEX DISTRIBUTION. Tables A<sub>4</sub>, A<sub>5</sub>, and A<sub>6</sub> exhibit the age and sex of cases notified as scarlet fever, diphtheria, and enteric fever respectively during the year. Scarlet fever and diphtheria are most prevalent amongst children; over two-thirds of the cases being under ten years of age. But whereas scarlet fever is most prevalent amongst children from five to ten years of age, diphtheria is most so amongst those under five years.

Ages of Cases Notified—1900.

TABLE A <sub>4</sub> .—SCARLET FEVER.				TABLE A <sub>5</sub> . DIPHTHERIA.			TABLE A <sub>6</sub> . ENTERIC FEVER.		
AGES.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Under 1... ..	81	74	155	137	99	236	4	2	6
1 to 2 .. ..	260	226	486	384	310	694	8	6	14
2 ,, 3... ..	461	437	898	523	488	1,011	26	16	42
3 ,, 4... ..	613	644	1,257	633	649	1,282	33	19	52
4 ,, 5... ..	625	628	1,253	645	672	1,317	47	52	99
Total under 5 ...	2,040	2,009	4,049	2,322	2,218	4,540	118	95	213
5 to 10... ..	2,312	2,803	5,115	1,782	2,075	3,857	314	292	606
10 ,, 15... ..	1,116	1,285	2,401	606	759	1,365	389	319	708
15 ,, 20... ..	491	484	975	300	357	657	351	277	628
20 ,, 25... ..	279	328	607	193	317	510	339	252	591
25 ,, 30... ..	140	167	307	107	246	353	284	217	501
30 ,, 35... ..	79	101	180	70	143	213	221	146	367
35 ,, 40... ..	34	44	78	38	82	120	147	121	268
40 ,, 45... ..	21	20	41	16	47	63	95	65	160
45 ,, 50... ..	10	15	25	16	33	49	57	45	102
50 ,, 55... ..	4	3	7	8	14	22	28	34	62
55 ,, 60... ..	1	1	2	2	2	4	21	19	40
Upwards ... ..	3	...	3	4	11	15	19	16	35
Unrecorded ... ..	6	4	10	7	1	8	3	7	10
Totals ... ..	6,536	7,264	13,800	5,471	6,305	11,776	2,386	1,905	4,291



**Ambulance Work.** (2.) The statistical tables concerning the work of the ambulance service will be found on pp. 52 to 54.

During the year 21,524 (24,945)\* fever, diphtheria, and smallpox patients were conveyed to the various hospitals of the Managers; 5,394 (7,973) convalescent patients were transferred to the Northern and Gore Farm Hospitals; and 5,416 (7,904) recovered patients were brought back from those hospitals to London. Further, 327 (369) private persons were removed on payment to other places than the Managers' hospitals; 20 (144) were taken from the out-patient departments of general hospitals to their homes, owing to there being no beds immediately available in the Managers' hospitals (they were admitted the following day); and 201 (247) enteric patients were removed from their homes to the general hospitals, where arrangements for their reception had been made by the Managers.

Altogether, 33,791 (42,119) removals were effected by the land ambulance service during 1900, and the various vehicles made 24,808 (28,184) journeys, and ran 232,848 (260,367) miles.

The steamboats of the river ambulance service conveyed 1,635 (1,468) passengers to and from the hospital ships at Long Reach; of that number 64 (11) were patients taken to the hospital ships, 69 (6) were recovered patients brought back to London, and 1,502 (1,451) were visitors, staff, workmen, &c.

**Hospital Accommodation.** (3.) FEVER AND DIPHTHERIA.—The normal accommodation at the fever hospitals open at the end of the year was as under:—

HOSPITAL.	No. of Beds.
Eastern Hospital .. .. .	362
North-Eastern Hospital (temporary buildings) ..	386
North-Western Hospital (including some temporary buildings) .. .. .	460
Western Hospital .. .. .	450
South-Western Hospital .. .. .	366
Fountain Hospital (temporary buildings) .. ..	402
Grove Hospital .. .. .	522
South-Eastern Hospital (including small temporary buildings) .. .. .	432
Park Hospital .. .. .	548
Brook Hospital .. .. .	488
Northern Hospital (including temporary buildings)	764
Total .. .. .	5,180

Further accommodation will be provided at:—

North-Eastern Hospital, additional beds when the permanent buildings recently erected are brought into use .. .. .	128
Southern Convalescent Hospital .. .. .	800
Total .. .. .	928
Grand Total .. .. .	6,108

\* Italic figures in brackets throughout are the corresponding figures for 1899.

This accommodation is capable of further increase in times of pressure by placing extra beds in the wards of several of the hospitals. In addition there is the Gore Farm Hospital, which can furnish 850 beds for convalescent fever cases, but only so long as it is not required for its proper function of a smallpox convalescent hospital.

SMALLPOX.—For this disease the Managers possess 300 beds at the hospital ships, and are about to erect buildings, capable of containing 400 beds, on the Joyce Green estate, adjoining the ships. Gore Farm, if at any time the Managers are compelled to reclaim it for its original purpose, can, for smallpox convalescents, furnish about 1,192 beds more.

**Hospital Statistics.** (4.) FEVER.—On the last day of 1899 there were 4,895 patients in the fever hospitals then open.

By May 5th, 1900, the number under treatment had fallen to the minimum, 2,948 (*April 29th, 1899, 3,208*).\* After that date, the number rose to 3,220 by the end of May, and varied but little from that figure until the middle of August, when it began to decline and continued falling until on the 1st September it was reduced to 2,998. It then began to rise again, and attained the maximum, 4,779, for the year on November 27th (*November 21st, 1899, 5,710*), and it then declined until the end of the year, when 4,142 (*4,895*) patients remained under treatment.

The following was the distribution of patients amongst the various hospitals on November 27th :—

HOSPITAL.	BEDS OCCUPIED.					
	Scarlet.	Diphtheria.	Typhus.	Enteric.	Other Diseases.	TOTAL.
Eastern Hospital ... ..	4	266	...	37	...	307
North-Eastern Hospital..	339	1	...	...	...	340
North-Western „ ...	241	115	...	61	...	417
Western „ ...	229	153	...	47	...	429
South-Western „ ...	196	93	...	26	...	315
Fountain „ ...	195	145	...	...	...	340
Grove „ ...	91	111	...	102	...	304
South-Eastern „ ...	103	159	...	49	...	311
Park „ ...	130	128	...	75	...	333
Brook „ ...	242	147	...	57	...	446
Northern „ ...	471	97	...	...	...	568
Gore Farm „ ...	519	150	...	...	...	669
TOTALS ... ..	2,760	1,565	...	454	...	4,779

\* Months and figures in italics in brackets throughout are the corresponding months and figures for 1899.



Tables I. to VIII. and the accompanying chart summarise the several fever hospital tables given on pp. 68 to 101.

TABLE I.—Admissions, Discharges, and Deaths at Fever Hospitals during 1900.

DISEASES.	Re- main- ing on Dec. 31, 1899.	Admitted.	Total under treatment during 1900.	Dis- charged.	Died.	Mortality per cent.	Re- main- ing on Dec. 31, 1900.
Scarlet ... ..	2,891	10,343	13,234	10,436	313	2·97	2,485
Diphtheria ... ..	1,540	7,873	9,413	7,242	988	12·27	1,183
Enteric ... ..	382	1,728	2,110	1,506	245	14·09	359
Typhus... ..	1	4	5	4	1	22·22	...
Totals ... ..	4,814	19,948	24,762	19,188	1,547	7·58	4,027
Other diseases ... ..	81*	1,706	1,787	1,505	167	9·90	115
Grand Totals .. ..	4,895	21,654	26,549	20,693	1,714	...	4,142

NOTES.—The mortalities returned as above include all deaths occurring from intercurrent diseases, particulars of which will be found in the annual reports of the medical superintendents.

The mortality rates are calculated according to the Registrar-General's formula—i.e., by dividing the deaths, multiplied by 100, by half the sum of the admissions, discharges, and deaths for the year.

Cases of enteric fever admitted into general hospitals under arrangements made with those hospitals by the Managers are not included in this table. If they were, the number of admissions would be increased by 201.

The total number of patients treated during the year was 2,920 lower than in the preceding year, which was the highest on record (due to the increased prevalence of diphtheria and enteric fever). The death-rate for scarlet fever was exceptionally high at the Eastern Hospital. This was probably due to the comparatively small number treated and to the severity of the type of the disease, which forbade the removal of some cases to the more distant North-Eastern Hospital, where most of the cases were admitted from the districts usually allocated to the Eastern Hospital.

TABLE II.—Monthly Admissions, Deaths, and Discharges at Fever Hospitals during 1900.

MONTH.	ADMISSIONS.						DEATHS.						MORTALITY PER CENT.					
	Scarlet.	Diphtheria.	Enteric.	Typhus.	Other Diseases.	Total.	Scarlet.	Diphtheria.	Enteric.	Typhus.	Other Diseases.	Total.	Scarlet.	Diphtheria.	Enteric.	Typhus.	Other Diseases.	Total.
Jan. ...	782	785	147	...	115	1,829	24	136	24	...	16	200	2·15	16·73	11·94	...	14·61	8·94
Feb. ...	602	591	148	1	111	1,453	25	109	28	...	9	171	3·36	16·22	18·18	...	8·57	10·20
March	681	593	118	...	147	1,539	19	99	19	...	16	153	2·34	14·30	14·84	...	10·59	8·58
April...	687	530	81	...	127	1,425	23	47	17	...	10	102	4·04	8·17	15·17	...	8·26	6·79
May ...	829	701	76	1	178	1,785	18	77	6	...	17	118	2·28	11·72	6·89	...	10·62	6·96
June ...	816	563	59	...	160	1,598	36	80	9	...	18	143	4·54	14·01	12·33	...	10·34	8·87
July ...	866	717	59	...	163	1,805	23	60	7	...	14	104	2·70	8·64	10·45	...	8·91	5·87
Aug. ...	644	541	117	...	119	1,421	17	58	10	...	11	96	2·37	9·95	10·52	...	8·15	6·27
Sept....	1,057	677	252	1	132	2,119	21	78	24	...	14	137	2·26	12·03	13·95	...	10·85	7·30
Oct. ...	1,367	852	236	...	153	2,608	35	97	34	...	12	178	3·29	13·05	18·18	...	8·57	8·34
Nov. ...	1,105	721	245	1	156	2,228	31	72	36	1	17	157	2·99	10·74	15·00	100·0	11·04	7·46
Dec. ...	907	602	190	...	145	1,844	36	75	31	...	13	155	3·55	10·27	14·09	...	8·60	7·33
Totals	10,343	7,873	1,728	4	1,706	21,654	313	988	245	1	167	1,714	2·96	12·27	14·09	22·23	9·88	7·78

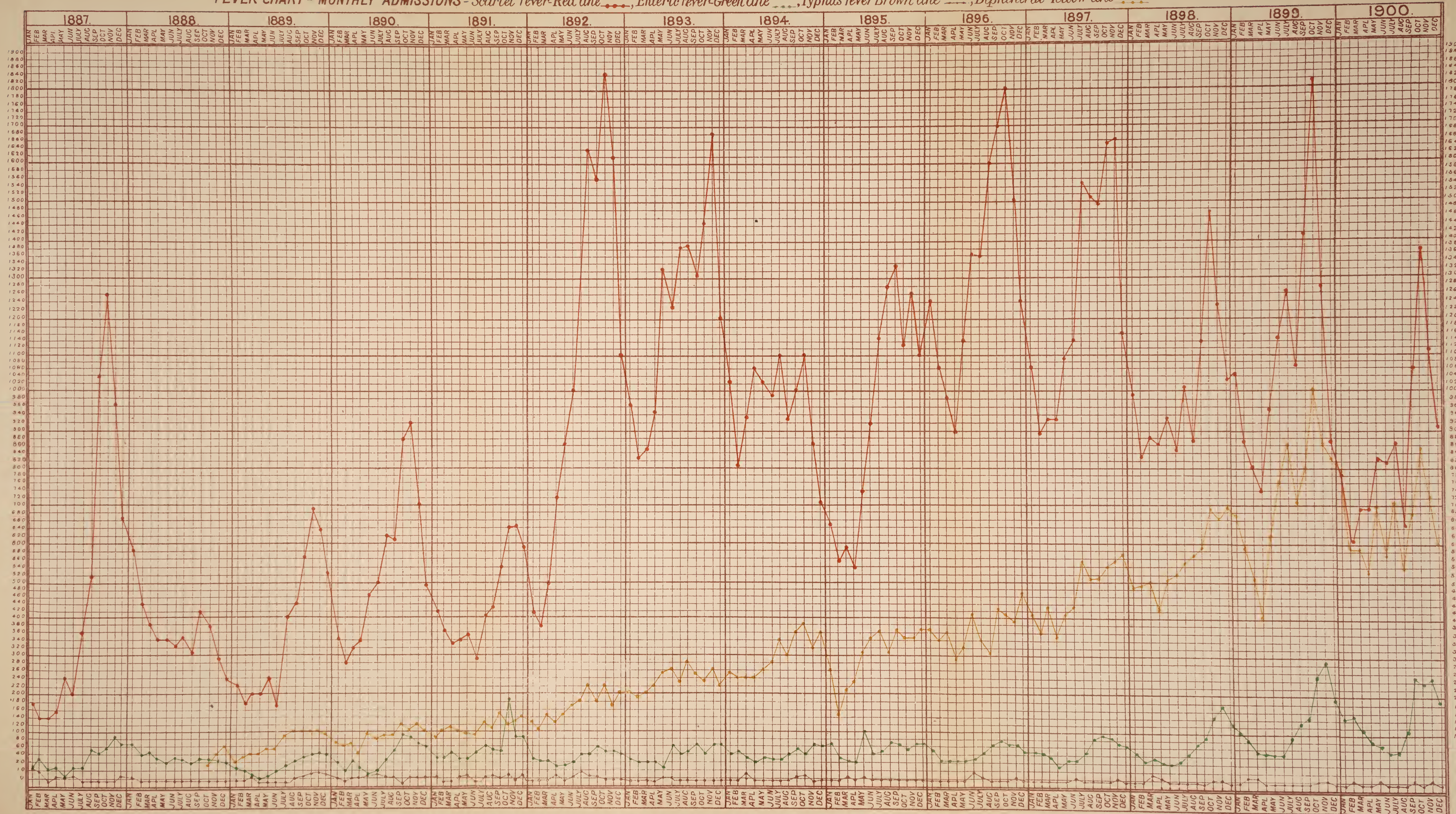
\* Six cases certified as enteric and one case certified as diphtheria in hospital on 31st December, 1899, were subsequently diagnosed as other diseases.





# METROPOLITAN ASYLUMS BOARD.

FEVER CHART - MONTHLY ADMISSIONS - Scarlet fever-Red line, Enteric fever-Green line, Typhus fever-Brown line, Diphtheria-Yellow line



NOTE.—Diphtheria cases were not admitted into the Board's Hospitals until the 23rd October, 1888.



The total monthly admissions were lowest in August (*April*),\* and highest in October (*October*).

The accompanying chart shows the monthly admissions of each kind of fever from and including the year 1887.

During the twenty-nine years which have elapsed since the first of the Managers' fever hospitals was opened, the scarlet fever admissions fell to the minimum for the year eleven times in February, four times in March, eight times in April, four times in June, once in September, and once in December (1888); while the maximum number of admissions was reached once in January (1888), twice in July, four times in September, fourteen times in October, six times in November, and twice in December. The enteric fever admissions fell to the minimum for the year three times in March, eight times in April, nine times in May, eight times in June, and once in July; and rose to the maximum once in May, five times in September, twelve times in October, ten times in November, and once in December.

Diphtheria cases were not admitted to the Managers' hospitals until October 23rd, 1888. Since then the minimum admissions have occurred twice in January, four times in February, five times in April, and once in August; while the maximum admissions took place once in July, once in August, twice in September, thrice in October, twice in November, and thrice in December.

The maxima of scarlet fever, diphtheria, and enteric fever admissions must not, however, be regarded as indicating with accuracy the greatest seasonal prevalence of these diseases, for the reason that on several occasions the accommodation in the Managers' hospitals became completely exhausted, and consequently any further rise in the number of admissions was impossible.

We have for the first time shown the monthly mortality rates for each disease, calculated according to the Registrar-General's formula. The maximum death-rate was for scarlet fever in June, for diphtheria in January, and for enteric fever in February, the same rate being also attained in October. The minimum rate was for scarlet fever in January, for diphtheria in April, and for enteric fever in May.

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\* Months in italics in brackets are the corresponding months in 1899.

TABLE III.—Admissions and Deaths of Patients at Fever Hospitals during 1900, divided according to Parishes or Unions.

PARISH OR UNION.	Scarlet.	Diphtheria.	Enteric.	Typhus.	Other Diseases.	Total Admissions.	Total Deaths.
Kensington ... ..	267	240	55	...	51	613	38
Hammersmith ... ..	233	172	45	..	26	476	28
Fulham ... ..	469	490	42	...	70	1,071	82
Paddington ... ..	228	104	23	...	28	383	27
Chelsea ... ..	193	114	40	...	22	369	25
St. George's, Hanover Square ...	234	108	21	1	31	395	19
Westminster... ..	96	41	8	...	15	160	7
St. Marylebone ... ..	295	146	21	...	46	508	46
St. Pancras ... ..	520	418	130	...	70	1,138	85
Hampstead ... ..	113	92	18	...	15	238	26
Islington ... ..	728	386	87	...	88	1,289	103
Hackney ... ..	507	466	88	1	93	1,155	100
St. Giles & St. George, Bloomsbury	77	24	7	.	6	114	9
Strand ... ..	36	20	3	...	7	66	6
Holborn ... ..	302	148	52	...	37	539	50
London, City of ... ..	56	43	6	...	5	110	7
Shoreditch ... ..	252	261	36	...	74	623	60
Bethnal Green ... ..	216	213	46	...	55	530	56
Whitechapel ... ..	327	171	27	1	75	601	38
St. George-in-the-East ... ..	109	61	20	...	29	219	21
Stepney ... ..	137	121	37	...	39	334	31
Mile End Old Town ... ..	194	156	34	...	36	420	26
Poplar ... ..	296	354	107	1	60	818	80
St. Saviour's... ..	626	589	170	...	115	1,500	125
St. Olave's ... ..	320	342	98	...	88	848	94
Lambeth ... ..	581	541	107	...	106	1,335	96
Wandsworth and Clapham ...	855	481	153	...	122	1,611	118
Camberwell... ..	528	544	70	...	124	1,266	124
Greenwich ... ..	482	291	72	...	58	903	57
Woolwich ... ..	466	344	60	...	37	907	51
Lewisham ... ..	345	319	23	...	48	735	50
Port and Tower of London ...	2	1	...	...	1	4	...
Tottenham ... ..	245	71	22	...	27	365	28
Beyond Metropolitan Area ...	8	1	...	...	2	11	1
Totals ... ..	10,343	7,873	1,728	4	1,706	21,654	1,714

In several districts mentioned in the foregoing table III. the admissions were considerably in excess of those of the previous year, the most notable instances being, as regards scarlet fever cases, Whitechapel, 327 (159)\*; St. George-in-the-East, 109 (73); and Poplar, 296 (217); as regards diphtheria cases, Kensington, 240 (166); Hammersmith, 172 (78); Fulham, 490 (404); St. Pancras, 418 (347); Hackney, 466 (368); Bethnal Green, 213 (157); Poplar, 354 (243); and Woolwich, 344 (257); and as regards enteric fever cases, Hammersmith, 45 (10); Chelsea, 40 (21); St. Pancras, 130 (81); Poplar, 107 (74); St. Saviour's, 170 (78); St. Olave's, 98 (75); and Lambeth, 107 (71).

\* Italic figures in brackets throughout are the corresponding figures for 1899.



SCARLET FEVER.—TABLE IV.—Admissions, Deaths, and Mortality per cent. of Scarlet Fever Patients during 1900, divided according to age and sex.

AGES.	MALES.			FEMALES.			TOTAL.		
	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.
Under 1 ...	40	8	20·0	42	6	14·3	82	14	17·1
1 to 2 ...	190	24	12·6	141	24	17·0	331	48	14·5
2 „ 3 ...	354	32	9·0	321	23	7·2	675	55	8·2
3 „ 4 ...	471	26	5·5	462	30	6·5	933	56	6·0
4 „ 5 ...	520	28	5·4	513	21	4·1	1,033	49	4·7
Totals under } 5 years ... }	1,575	118	7·5	1,479	104	7·0	3,054	222	7·3
5 to 10 ...	1,842	23	1·3	2,158	31	1·4	4,000	54	1·4
10 „ 15 ...	944	11	1·2	943	7	0·7	1,887	18	0·9
15 „ 20 ...	408	5	1·2	317	1	0·3	725	6	0·8
20 „ 25 ...	203	5	3·0	161	1	0·6	364	6	1·9
25 „ 30 ...	86	5		78	1		164	6	
30 „ 35 ...	46	...		34	...		80	...	
35 „ 40 ...	23	1		21	...		44	1	
40 „ 45 ...	8	...		8	...		16	...	
45 „ 50 ...	2	...	3·0	3	...	0·6	5	...	1·9
50 „ 55 ...	...	...		2	...		2	...	
55 „ 60 ...	...	...		1	...		1	...	
And upwards	1	...		...	...		1	...	
Grand Totals	5,138	168	3·3	5,205	145	2·8	10,343	313	3·0

The total admissions of scarlet fever cases in 1900 were 10,343 (13,290)\*: the female were 67 (496) in excess of the male admissions. The total mortality, calculated on the admissions, was 3·0 (2·7) per cent.

DIPHTHERIA.—TABLE V.—Admissions, Deaths, and Mortality per cent. of Diphtheria Patients during 1900, divided according to age and sex.

AGES.	MALES.			FEMALES.			TOTAL.		
	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.
Under 1 ...	74	19	25·7	64	25	39·1	138	44	31·9
1 to 2 ...	245	70	28·5	202	46	22·8	447	116	25·9
2 „ 3 ...	357	78	21·8	378	86	22·7	735	164	22·3
3 „ 4 ...	463	74	16·0	476	74	15·5	939	148	15·8
4 „ 5 ...	485	69	14·4	505	80	15·8	990	149	15·0
Total under } 5 years ... }	1,624	310	19·1	1,625	311	19·1	3,249	621	19·1
5 to 10 ...	1,276	132	10·3	1,546	171	11·1	2,822	303	10·8
10 „ 15 ...	418	25	5·9	491	24	4·9	909	49	5·4
15 „ 20 ...	187	5	2·7	183	3	1·6	370	8	2·2
20 „ 25 ...	87	2	1·5	126	1	1·2	213	3	1·3
25 „ 30 ...	51	...		83	2		134	2	
30 „ 35 ...	32	1		51	1		83	2	
35 „ 40 ...	18	...		34	...		52	...	
40 „ 45 ...	4	...		16	...		20	...	
45 „ 50 ...	5	...	1·5	10	...	1·2	15	...	1·3
50 „ 55 ...	2	...		2	...		4	...	
55 „ 60 ...	...	...		1	...		1	...	
And upwards	...	...		1	...		1	...	
Grand Totals	3,704	475	12·8	4,169	513	12·3	7,873	988	12·5

\* Italic figures in brackets throughout are the corresponding figures for 1899.

The total admissions were fewer in number by 800 cases than in 1899, and the death-rate, 12·5 per cent., was 1·1 below that of the previous year, and was the lowest on record.

ENTERIC FEVER.—TABLE VI.—Admissions, Deaths, and Mortality per cent. of Enteric Fever Patients during 1900, divided according to age and sex :—

AGES.	MALES.			FEMALES.			TOTAL.		
	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.
Under 5 ...	41	4	9·8	28	2	7·1	69	6	8·7
5 to 10 ...	126	6	4·8	102	7	6·9	228	13	5·7
10 „ 15 ...	206	12	5·8	155	9	5·8	361	21	5·8
15 „ 20 ...	163	27	16·6	126	15	11·9	289	42	14·5
20 „ 25 ...	149	34	22·8	101	11	10·9	250	45	18·0
25 „ 30 ...	120	37	30·8	70	8	11·4	190	45	23·7
30 „ 35 ...	86	21	24·4	56	15	26·9	142	36	25·3
35 „ 40 ...	59	11	18·6	52	9	17·3	111	20	18·0
40 „ 45 ...	28	4	14·3	15	4	26·7	43	8	18·6
45 „ 50 ...	9	2	25·0	15	3	17·2	24	5	20·0
50 „ 55 ...	6	2		9	2		15	4	
55 „ 60 ...	1	...		4	...		5	...	
And upwards	...	...		1	...		1	...	
Totals ...	994	160	16·1	734	85	11·6	1,728	245	14·2

There were 193 more cases of enteric fever admitted than during 1899, and the total death-rate was 1·4 per cent. lower than in that year, and is the lowest on record.

Four (11)\* cases of typhus fever were admitted during the year 1900, and they are entered in the following table :—

TYPHUS FEVER.—TABLE VIIA.—Admissions and Deaths of Typhus Fever Patients during 1900, divided according to age and sex.

AGES.	MALES.		FEMALES.		TOTAL.	
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Under 5 ...	...	...	...	...	...	...
5 to 10 ...	1	...	...	...	1	...
10 „ 15 ...	...	...	...	...	...	...
15 „ 20 ...	1	...	...	...	1	...
20 „ 25 ...	...	...	...	...	...	...
25 „ 30 ...	...	...	...	...	...	...
30 „ 35 ...	...	...	...	...	...	...
35 „ 40 ...	...	...	...	...	...	...
40 „ 45 ...	1	...	...	...	1	...
45 „ 50 ...	...	...	...	...	...	...
50 „ 55 ...	...	...	1	1	1	1
55 „ 60 ...	...	...	...	...	...	...
And upwards	...	...	...	...	...	...
Totals ...	3	...	1	1	4	1

N.B.—In the above table three cases were treated at the Eastern and one at the Grove Hospital.

\* Italic figures in brackets throughout are the corresponding figures for 1899.



Table VIII., pp. 90 to 101, gives details of the cases of miscellaneous diseases admitted during 1900, and is further referred to in the paragraph on p. 29 relating to cases of mistaken diagnosis.

LENGTH OF  
RESIDENCE  
OF FEVER  
PATIENTS IN  
HOSPITAL.

We have again had tables prepared to show the length of residence of patients treated in the Managers' hospitals.

For scarlet fever and diphtheria there are two tables for each disease, one dealing with cases treated to termination at the Board's London hospitals and the other with cases completing their treatment at the convalescent hospitals.

SCARLET  
FEVER  
PATIENTS.

TABLE IXA.—*Length of Residence of Scarlet Fever Patients treated to Recovery or Death in the Board's Town Hospitals during the year 1900.*

HOSPITAL.	Total Number of Cases (including Deaths).	Number of Days' Residence.	Average Residence.	Recovered Cases only.	Number of Days' Residence.	Average Residence.
Eastern ... ..	186 (335)*	11,560 (22,652)	62·2 (67·6)	161 (309)	11,002 (22,358)	68·4 (72·3)
North-Eastern ...	1,401 (1,301)	94,596 (87,620)	67·5 (67·3)	1,362 (1,256)	93,934 (86,959)	69·0 (69·2)
North-Western ...	549 (740)	30,139 (44,087)	54·9 (59·5)	502 (669)	29,391 (42,695)	58·5 (63·8)
Western ... ..	617 (648)	43,318 (58,544)	70·2 (76·5)	575 (591)	42,805 (48,255)	74·4 (81·6)
South-Western ...	744 (711)	49,851 (48,065)	67·0 (67·6)	723 (683)	49,388 (47,671)	68·3 (69·8)
Fountain ... ..	581 (708)	39,917 (46,716)	68·7 (66·0)	560 (683)	39,518 (46,212)	70·6 (67·7)
Grove ... ..	234 (22)	14,189 (1,085)	60·6 (49·3)	219 (20)	13,843 (1,060)	63·2 (53·0)
South-Eastern ...	472 (423)	28,643 (26,929)	60·7 (63·7)	438 (401)	28,127 (26,603)	64·2 (66·3)
Park ... ..	599 (765)	38,848 (46,358)	64·9 (60·6)	562 (725)	38,275 (45,197)	68·1 (62·3)
Brook ... ..	988 (938)	70,040 (73,592)	70·9 (78·5)	958 (913)	69,451 (73,116)	72·5 (80·1)
Totals ... ..	6,371 (6,591)	421,101 (455,648)	66·1 (69·1)	6,060 (6,250)	415,734 (440,126)	68·6 (70·4)

TABLE IXB.—*Length of Residence of Scarlet Fever Patients who completed their Recovery or Died at the Board's Convalescent Hospitals during the year 1900.*

HOSPITAL.	Total Number of Cases (including Deaths).	Number of Days' Residence.			Average Residence.			Recovered Cases only.	Number of Days' Residence.			Average Residence.		
		Town Hospital.	Convalescent Hospital.	Total.	Town Hospital.	Convalescent Hospital.	Total.		Town Hospital.	Convalescent Hospital.	Total.	Town Hospital.	Convalescent Hospital.	Total.
Northern...	2,223 (3,565)	69,630 (107,362)	108,583 (164,748)	178,213 (272,110)	31·3 (30·1)	48·8 (46·2)	80·1 (76·3)	2,221 (3,557)	69,559 (107,158)	108,508 (164,510)	178,067 (271,668)	31·3 (30·1)	48·9 (46·2)	80·2 (76·4)
Gore Farm	2,156 (3,171)	64,131 (104,080)	108,005 (144,859)	172,136 (243,939)	29·7 (32·8)	50·1 (45·7)	79·8 (78·5)	2,156 (3,167)	64,131 (104,078)	108,005 (144,859)	172,136 (243,937)	29·7 (32·9)	50·1 (45·7)	79·8 (78·6)
Total ...	4,379 (6,736)	133,761 (211,442)	216,588 (309,607)	350,349 (521,049)	30·5 (31·4)	49·5 (46·0)	80·0 (77·4)	4,377 (6,724)	133,690 (211,236)	216,513 (309,369)	350,203 (520,605)	30·5 (31·4)	49·5 (46·0)	80·0 (77·4)

\* Italic figures in brackets throughout are the corresponding figures for 1899.



The average duration of residence of scarlet fever cases was at the London hospitals 66·1 (69·1) days including deaths, and 68·6 (70·4)\* days if the fatal cases be excluded. At the convalescent hospitals both averages were 80·0 (77·4) (including residence in the London hospitals). So that, on the whole, the total residence of cases completing their recovery at the country hospitals was 11·4 days longer than that of cases at the London hospitals.

As regards the residence of the recovered patients in the London hospitals, there are very considerable variations. The shortest residence was 58·5 (62·3) days at the North-Western Hospital (*Park Hospital*) or 10·1 (8·1) below the average, and the longest was 74·4 (81·6), or 5·8 (11·2) days above the average, at the Western Hospital (*Western Hospital*).

DIPHTHERIA PATIENTS. TABLE XA.—Length of Residence of Diphtheria Patients treated to Recovery or Death in the Board's Town Hospitals during the year 1900.

HOSPITAL.			Total Number of Cases (including Deaths).	Number of Days' Residence.	Average Residence.	Recovered Cases only.	Number of Days' Residence.	Average Residence.
Eastern	...	...	1,046 (1,014)	55,069 (48,110)	52·6 (47·4)	846 (797)	52,330 (45,938)	61·9 (57·6)
North-Eastern	...	...	13 (3)	731 (158)	56·2 (52·7)	10 (1)	721 (148)	72·1 (148·0)
North-Western	...	...	794 (843)	35,030 (36,105)	44·1 (42·8)	680 (696)	33,634 (34,348)	49·5 (49·3)
Western	...	...	791 (775)	41,616 (40,100)	52·6 (51·7)	691 (658)	40,957 (38,335)	59·3 (58·3)
South-Western	...	...	569 (491)	24,270 (22,658)	42·7 (46·1)	500 (413)	23,653 (21,884)	47·3 (53·0)
Fountain	...	...	651 (699)	34,662 (34,261)	53·2 (49·0)	598 (606)	33,892 (33,509)	56·7 (55·3)
Grove	...	...	569 (292)	35,879 (10,872)	63·1 (37·2)	519 (240)	35,261 (10,535)	67·9 (43·9)
South-Eastern	...	...	835 (865)	47,666 (50,389)	57·1 (58·2)	688 (683)	46,101 (47,825)	67·0 (70·0)
Park	...	...	1,098 (1,173)	53,288 (63,983)	48·5 (54·5)	937 (1,010)	51,480 (61,720)	54·9 (61·1)
Brook	...	...	829 (911)	48,320 (55,218)	58·3 (60·6)	738 (782)	47,469 (54,056)	64·3 (69·1)
Totals	...	...	7,195 (7,066)	376,368 (361,854)	52·3 (51·2)	6,207 (5,886)	365,498 (348,298)	58·9 (59·2)

TABLE XB.—Length of Residence of Diphtheria Patients who completed their Recovery or Died at the Board's Convalescent Hospitals during the year 1900.

HOSPITAL.	Total Number of Cases (including Deaths).	Number of Days' Residence.			Average Residence.			Recovered Cases only.	Number of Days' Residence.			Average Residence.		
		Town Hospital.	Convalescent Hospital.	Total.	Town Hospital.	Convalescent Hospital.	Total.		Town Hospital.	Convalescent Hospital.	Total.	Town Hospital.	Convalescent Hospital.	Total.
Northern...	...	...	No de	aths.	...	...	...	469	17,467	19,061	36,528	37·2	40·6	77·8
Gore Farm	...	...	No de	aths.	...	...	...	565	24,248	17,933	42,181	42·9	31·7	74·6
Total	...	...	...	...	...	...	...	1,034	41,715	36,994	78,709	40·3	35·8	76·1
	(992)	(34,702)	(32,083)	(66,785)	(35·0)	(32·3)	(67·3)	(990)	(34,625)	(32,023)	(66,648)	(35·0)	(32·3)	(67·3)
	(199)	(7,548)	(5,055)	(12,603)	(37·9)	(25·4)	(63·3)	(199)	(7,548)	(5,055)	(12,603)	(37·9)	(25·4)	(63·3)
	(1,191)	(42,250)	(37,138)	(79,388)	(35·5)	(31·2)	(66·7)	(1,189)	(42,173)	(37,078)	(79,251)	(35·5)	(31·2)	(66·7)

\* Figures and hospitals in italics in brackets throughout are the corresponding figures and hospitals for 1899.

The average length of residence of diphtheria patients at the London hospitals was 52·3 (51·2)\* days including deaths, and 58·9 (59·2) if the fatal cases be omitted. At the convalescent hospitals, where there was no death, the average residence (including residence in the London hospitals) was 76·1 (66·7) days, or 17·3 days longer than in the London hospitals.

The variations in length of residence at different hospitals are again very remarkable, ranging from 47·3 (49·3) days at the South-Western Hospital (*North-Western Hospital*), 11·6 (9·9) days below the average, to 67·9 (70·0) days at the Grove Hospital (*South-Eastern Hospital*), or 9·0 (10·8) days above the average. The diphtheria cases at the North-Eastern Hospital were cases of mistaken diagnosis, having been certified on admission as scarlet fever cases.

ENTERIC  
EVER  
PATIENTS.

TABLE XI.—*Length of Residence of Enteric Fever Patients treated to Recovery or Death in the Board's Town Hospitals during the year 1900.*

HOSPITAL.	Total Number of Cases (including Deaths).	Number of Days' Residence.	Average Residence.	Recovered Cases only.	Number of Days' Residence.	Average Residence.
Eastern ... ..	214 (226)	10,855 (11,564)	50·7 (51·2)	180 (193)	10,414 (10,964)	57·9 (56·8)
North-Eastern ... ..	5 (5)	330 (385)	66·0 (77·0)	5 (5)	330 (385)	66·0 (77·0)
North-Western ... ..	326 (285)	13,836 (12,020)	42·4 (42·2)	270 (246)	13,173 (11,566)	48·8 (47·0)
Western ... ..	171 (175)	11,974 (10,959)	70·0 (62·6)	155 (141)	11,690 (10,508)	75·4 (74·5)
South-Western ... ..	100 (103)	5,549 (5,594)	55·5 (53·3)	85 (77)	5,393 (5,179)	63·4 (67·3)
Grove ... ..	350 (132)	19,031 (5,183)	54·4 (39·3)	298 (91)	18,365 (4,648)	61·6 (51·1)
South-Eastern ... ..	212 (254)	10,747 (12,819)	50·7 (50·5)	189 (217)	10,374 (12,402)	54·9 (57·1)
Park ... ..	214 (92)	10,994 (5,448)	51·4 (59·2)	179 (79)	10,559 (5,309)	58·9 (67·2)
Brook ... ..	159 (104)	8,930 (5,858)	56·2 (56·3)	145 (87)	8,742 (5,588)	60·3 (64·2)
Total ... ..	1,751 (1,376)	92,246 (69,730)	52·7 (50·7)	1,506 (1,136)	89,040 (66,549)	59·1 (58·6)

The average residence of enteric fever patients was 52·7 (50·7) days including deaths, and 59·1 (58·6) days if the fatal cases be excluded. The shortest residence of recovered cases was 48·8 (47·0) days, or 10·3 (11·6) days below the average, at the North-Western Hospital (*North-Western Hospital*), and the longest 75·4 (74·5) days, or 16·3 (15·9) days above the average, at the Western Hospital (*Western Hospital*). The enteric fever cases at the North-Eastern Hospital were cases of mistaken diagnosis, having been certified on admission as scarlet fever cases.

\* Figures and hospitals in italics in brackets throughout are the corresponding figures and hospitals for 1899.



MISCELLA-  
NEOUS  
DISEASES.

TABLE XII.—*Length of Residence of Patients suffering from Miscellaneous Diseases treated to Recovery or Death in the Board's Town Hospitals during the year 1900.*

HOSPITAL.	Total Number of Cases (including Deaths).	Number of Days' Residence.	Average Residence.	Recovered Cases only.	Number of Days' Residence.	Average Residence.
Eastern ... ..	245 (276)*	6,640 (6,605)	27·1 (23·9)	217 (240)	6,386 (6,338)	29·4 (26·4)
North-Eastern ...	108 (199)	3,582 (6,826)	33·1 (34·3)	103 (189)	3,551 (6,656)	34·5 (35·2)
North-Western ...	189 (194)	3,743 (4,027)	19·8 (20·8)	158 (176)	3,497 (3,850)	22·1 (21·9)
Western ... ..	164 (170)	4,258 (4,614)	26·0 (27·1)	152 (147)	4,239 (4,443)	27·9 (30·2)
South-Western ...	87 (96)	2,824 (2,641)	32·5 (27·5)	77 (81)	2,772 (2,523)	36·0 (31·1)
Fountain ... ..	126 (91)	2,409 (1,616)	19·1 (17·8)	125 (88)	2,395 (1,593)	19·2 (18·1)
Grove ... ..	126 (34)	3,609 (844)	28·6 (24·8)	104 (28)	3,330 (809)	32·0 (28·9)
South-Eastern ...	215 (187)	5,092 (4,408)	23·7 (23·6)	189 (168)	4,757 (4,232)	25·2 (25·2)
Park ... ..	310 (259)	4,981 (5,728)	16·1 (22·1)	293 (243)	4,895 (5,615)	16·7 (23·1)
Brook ... ..	102 (96)	2,478 (3,104)	24·3 (32·3)	87 (82)	2,380 (2,977)	27·4 (36·3)
Totals ... ..	1,672 (1,602)	39,616 (40,413)	23·7 (25·2)	1,505 (1,442)	38,202 (39,036)	25·4 (27·1)

Of the cases of miscellaneous diseases (cases of mistaken diagnosis) treated, the average residence of each patient was 23·7 (25·2)\* days including deaths, and 25·4 (27·1) days if the fatal cases be excluded. The shortest residence of recovered cases was at the Park Hospital (*Fountain Hospital*), 16·7 (18·1) days, or 8·7 (9·0) days below the average, and the longest at the South-Western Hospital (*Brook Hospital*), 36·0 (36·3) days, or 10·6 (9·2) days above the average.

SMALLPOX PATIENTS. Of smallpox patients 65 were treated. Average residence, including deaths, 33·3 days, or, excluding deaths, 34·7 days.

GENERAL REMARKS. The length of residence of patients in the Managers' hospitals is of the utmost importance from an economical point of view. Not only would any shortening of the period of residence effect a saving in the cost of maintenance, it would also enable the Managers to treat a larger number of patients without increasing the number of beds, which is of very much greater importance. The subject is still receiving the careful consideration of the Hospitals Committee.

\* Figures and hospitals in italics in brackets throughout are the corresponding figures and hospitals for 1899.

SMALLPOX. Table I. on pp. 106–8 shows the number of smallpox patients admitted from each parish or union during each month of the year 1900, and the total admissions for the year.

The total number of smallpox cases admitted was 66 (18)\*, which, added to 7 remaining in hospital at the beginning of the year, made a total treated during the year of 73; 3 (3) died, 69 (8) were discharged recovered, and 1 (7) remained in hospital at the end of the year. But, in addition to these numbers, there were of non-smallpox cases, 1 admitted to the Hospital Ships, 18 (9) detained at the observation shelters at South Wharf, and 12 (9) were returned direct to their homes.

Full information as to the cases admitted to the Hospital Ships will be found in the report of the medical superintendent, Dr. Ricketts, on pp. 103–5, and as to the cases detained at the South Wharf shelters in the report of the acting medical officer of the river service, Dr. Ricketts, on p. 102.

Tables IIA., IIB., and IIC., on pp. 109–120, supply minute particulars concerning the vaccination of the smallpox patients admitted.

Table IIC. (which is a combination of Tables IIA. and IIB.) shows that vaccination cicatrices were present in 49 (15) cases, of whom 1 (3) died; in 3 (1) cases there was “no evidence” of vaccination, and in 14 (2) cases vaccination cicatrices were “absent,” of whom 2 died.

CASES OF  
MISTAKEN  
DIAGNOSIS. *Fever.*—In the course of the year 1900 no fewer than 1,706 (1,583) patients, or a percentage on the total admissions of 7·8 (6·3), were, after admission at the fever hospitals, found not to be suffering from the diseases mentioned in the medical certificates upon which they were removed to hospital (see Table VIII., pp. 90 to 101). The largest number of cases thus admitted to any one hospital was at the Park Hospital (*Eastern Hospital*), where the proportion was 322 (275) out of 2,999 (2,682) admissions, or 10·7 (10·2) per cent. of the total. The percentage on the total scarlet fever cases was 5·5 (3·9), diphtheria cases 8·3 (7·4), and enteric fever cases 18·2 (17·3).

Amongst the 608 (542) cases wrongly certified as scarlet fever there were 63 (53) of measles, 106 of rōtheln, 129 (120) of tonsillitis, 104 (100) of erythema, and 60 (102) had no obvious disease. Amongst the 709 (693) cases wrongly certified as diphtheria were 40 (38) of measles and 498 (491) of tonsillitis. Amongst the 386 (322) cases wrongly certified as enteric fever were 21 (25) of influenza, 89 (76) of pneumonia, and 14 (15) of bronchitis.

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\* Figures and hospitals in italics in brackets throughout are the corresponding figures and hospitals for 1899.



*Smallpox*.—One non-smallpox case was admitted to the Hospital Ships.

In the case of smallpox the original medical certificate is revised by the examination of a medical officer of the Board at the London wharves. If therefore we take the total number of cases originally certified in London as smallpox and removed to the wharves, we find that the mistaken diagnoses numbered 30 (18)\* out of 94 (28), or 32·0 (64·3) per cent.; and these are the figures properly to be compared with those given above in the case of fever.

**Statistics  
since Estab-  
lishment  
of the  
Managers'  
Hospitals.**

(5.) FEVER.—The return on p. 31 shows the annual admissions and deaths of patients at the Managers' fever hospitals, with the mortality per cent. since the establishment of the first hospital in 1870, together with extracts from the Registrar-General's annual summaries showing the annual mortality per 1,000 persons living of the population of the Metropolis from scarlet, typhus, and enteric fevers and diphtheria.

The decreased percentage of mortality amongst scarlet fever patients treated in the Managers' hospitals continues to be a noticeable feature, although there was a slight increase (0·32) last year as compared with the previous year.

More noticeable is the decline in the percentage mortality amongst diphtheria patients from 40·74 in 1889 to 29·29 in 1894; to 22·85 in 1895 (when the antitoxic serum treatment was first adopted); to 21·2 in 1896; to 17·69 in 1897; 15·38 in 1898; 13·95 in 1899; and 12·27 in 1900.

In connection with the mortality of diphtheria cases, we draw special attention to the rate per 1,000 of the estimated population. For some years prior to 1893 it had been steadily advancing, notwithstanding occasional reductions, until in the year mentioned it had attained the very high figure of 0·76. Since 1893, however, the rate has shown a distinct tendency to fall, and this fall has been coincident with the introduction and increasing use of the antitoxic serum treatment of diphtheria. The slight rises in the rates of 1896 and 1899 coincided with the increased prevalence of the disease in those years (see Table A<sub>2</sub>, p. 16).

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\* The italic figures in bracket throughout are the corresponding figures for 1899.



TABLE XIII.—Showing the Admissions and Deaths of Patients and Mortality per cent. at the Managers' FEVER HOSPITALS during each Year since the opening of the first hospital on 25th January, 1870, together with the Annual Mortality per 1,000 persons living of the Population of the Metropolis from Scarlet, Typhus, and Enteric Fevers, and Enteric Fevers and Diphtheria, extracted from the Registrar-General's Annual Summaries.

YEAR.		ADMISSIONS.						DEATHS.						Mortality per cent. of Patients treated in Managers' Hospitals.				Annual Mortality per 1,000 of estimated Population.			
		Scarlet.	Diphtheria	Typhus.	Enteric.	Other Diseases.	Total.	Scarlet.	Diphtheria	Typhus.	Enteric.	Other Diseases.	Total.	Scarlet.	Diphtheria	Typhus.	Enteric.	Scarlet.	Diphtheria	Typhus.	Enteric.
1871	(15 months to Dec. 31st, 1872)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	0.58	0.11	0.12	0.27
1872		108	...	134	279	343	864	11	...	30	57	70	168	10.78	...	23.62	21.96	0.28	0.08	0.05	0.24
1873		92	...	401	381	271	1,145	6	...	91	56	58	211	6.55	...	23.15	15.13	0.19	0.09	0.08	0.27
1874		804	...	536	435	359	2,134	89	...	106	63	84	342	12.15	...	19.62	14.87	0.77	0.12	0.09	0.26
1875		1,182	...	65	299	269	1,815	160	...	16	78	54	308	13.69	...	23.35	24.68	1.06	0.17	0.04	0.23
1876		671	...	139	288	294	1,392	90	...	28	59	71	248	12.13	...	19.31	20.34	0.65	0.11	0.04	0.22
1877		479	...	170	372	186	1,207	54	...	36	79	33	202	12.10	...	23.07	22.93	0.44	0.09	0.04	0.25
1878		679	...	168	484	233	1,564	91	...	47	100	40	278	14.34	...	26.25	20.26	0.49	0.15	0.04	0.28
1879		1,469	...	48	385	196	2,098	211	...	11	74	39	335	15.27	...	21.56	19.73	0.72	0.15	0.02	0.23
1880		1,949	...	28	248	239	2,464	242	...	6	43	37	328	12.30	...	20.68	15.63	0.82	0.14	0.02	0.19
1881		1,477	...	219	415	211	2,322	168	...	34	86	46	334	11.10	...	16.95	21.47	0.55	0.17	0.02	0.25
1882		1,850	...	148	515	354	2,867	189	...	27	104	60	380	10.37	...	16.92	20.71	0.52	0.22	0.01	0.25
1883	1,920	...	45	486	269	2,720	234	...	11	74	66	385	12.38	...	21.15	15.64	0.51	0.24	0.01	0.25	
1884	1,845	...	29	493	180	2,547	234	...	5	98	55	392	12.27	...	20.00	18.82	0.36	0.24	0.01	0.23	
1885	1,353	...	53	220	229	1,855	130	...	7	36	46	219	9.47	...	12.17	15.82	0.18	0.23	0.01	0.15	
1886	1,780	...	10	333	74	2,197	151	...	4	47	22	224	9.04	...	42.10	14.85	0.17	0.21	0.00	0.15	
1887	5,900	...	35	441	161	6,537	489	...	4	61	59	613	9.54	...	11.59	14.59	0.36	0.23	0.00	0.15	
1888	4,408	99	1	450	194	5,152	501	46	...	72	60	679	9.89	59.35	...	14.64	0.30	0.32	0.00	0.17	
1889	4,518	722	23	290	219	5,772	366	275	6	41	48	736	8.85	40.74	31.57	15.15	0.19	0.39	0.00	0.13	
1890	6,537	942	16	498	341	8,334	510	316	5	93	81	1,005	7.86	33.55	25.66	19.68	0.21	0.33	0.00	0.15	
1891	5,262	1,312	18	755	462	7,809	357	397	1	106	102	963	6.67	30.63	5.88	14.52	0.14	0.32	0.00	0.13	
1892	13,093	2,009	19	430	725	16,276	839	583	2	65	140	1,629	7.28	29.35	9.76	13.20	0.27	0.46	0.00	0.10	
1893	14,548	2,848	2	544	732	18,674	901	865	1	110	105	1,982	6.11	30.42	50.00	20.54	0.37	0.76	0.00	0.16	
1894	11,598	3,666	6	534	863	16,667	717	1,035	1	96	150	1,999	5.92	29.29	16.67	18.13	0.22	0.62	0.00	0.15	
1895	11,271	3,635	3	661	1,277	16,847	591	820	...	119	142	1,672	5.45	22.85	...	18.17	0.19	0.54	0.00	0.14	
1896	15,982	4,508	9	600	1,174	22,273	666	948	2	96	109	1,821	4.29	21.20	25.0	15.84	0.21	0.60	0.00	0.13	
1897	15,113	5,673	2	664	1,417	22,869	619	987	...	124	140	1,870	4.07	17.69	...	18.64	0.18	0.51	0.00	0.12	
1898	12,125	6,566	9	869	1,488	21,057	514	991	1	143	147	1,796	4.12	15.37	11.11	17.73	0.13	0.39	0.00	0.13	
1899	13,290	8,676	11	1,535	1,582	25,094	353	1,182	...	240	160	1,935	2.65	13.95	...	16.47	0.09	0.43	0.00	0.17	
1900	10,343	7,873	4	1,728	1,706	21,654	313	988	1	245	167	1,714	2.97	12.27	22.22	14.09	0.08	0.34	0.00	0.16	
Totals		161,646	48,529	2,351	15,632	16,048	244,206	9,796	9,433	483	2,665	2,391	24,768	6.07	19.68	20.54	18.44	...	...	...	...

NOTE.—1. From 1st December, 1870, to the end of September, 1871, smallpox cases only were admitted to the Board's hospitals.

2. The deaths of fever patients include those deaths due to intercurrent maladies.

3. Diphtheria cases have only been admitted into the Managers' hospitals since 23rd October, 1888.

4. The mortality rates of patients in the Managers' hospitals are calculated according to the Registrar-General's formula, i.e., by dividing the deaths, multiplied by 100, by half the sum of the admissions, discharges, and deaths for the year.



SMALLPOX. (6.) The following table shows the admissions and deaths of patients in the Managers' smallpox hospitals during each year since the opening of the first hospital at the end of 1870:—

TABLE XIV.—Admissions, Deaths, and Mortality per cent. of Smallpox Patients since 1st December, 1870, together with the Annual Mortality per 1,000 persons living of the Population of the Metropolis from Smallpox, extracted from the Registrar-General's Annual Summaries.

YEAR.	ADMISSIONS.			DEATHS.			Mortality per cent. of Patients treated in Managers' Hospitals.	Total Annual Mortality per 1,000 of estimated Population.
	Smallpox.	Other Diseases.	Total.	Smallpox	Other Diseases.	Total.	Smallpox.	Smallpox.
1st Dec., 1870, to 3rd Feb., 1871	582	...	582	97	...	97	20·81	...
1871-2 (4th Feb., 1871, to 31st Jan., 1872) ...	13,139	6	13,145	2,460	...	2,460	18·95	2·42
1872-3 (year ended 31st Jan., 1873)	2,359	3	2,362	467	1	468	17·84	0·54
1873-4 (year ended 31st Jan., 1874)	174	17	191	35	...	35	17·02	0·03
1874 (11 months ended 31st Dec.)	112	8	120	10	...	10		0·02
1875 ... ..	89	22	111	22	...	22		0·01
1876 ... ..	2,134	16	2,150	372	1	373	21·64	0·21
1877 ... ..	6,516	104	6,620	1,214	4	1,218	17·92	0·71
1878 .. ...	4,558	96	4,654	824	9	833	17·99	0·39
1879 ... ..	1,628	60	1,688	273	5	278	15·69	0·12
1880 .. ...	1,982	50	2,032	286	2	288	15·95	0·12
1881 ... ..	8,551	120	8,671	1,417	14	1,431	16·61	0·62
1882 .. ...	1,799	55	1,854	260	3	263	12·96	0·11
1883 ... ..	598	28	626	93	...	93	16·06	0·03
1884 ... ..	6,363	204	6,567	940	3	943	15·98	0·31
1885 ... ..	6,146	198	6,344	1,052	3	1,055	15·80	0·35
1886 ... ..	99	33	132	22	2	24	14·28	0·01
1887 ... ..	56	3	59	3	...	3		0·00
1888 ... ..	62	5	67	8	...	8		0·00
1889 ... ..	5	...	5	...	...	...		...
1890 ... ..	22	5	27	3	...	3		0·00
1891 ... ..	63	1	64	8	...	8	11·29	0·00
1892 ... ..	325	*23	348	35	...	35		0·01
1893 ... ..	2,376	*118	2,494	180	2	182	7·64	0 05
1894 ... ..	1,117	*120	1,237	102	7	109	8·87	0·02
1895 ... ..	941	*81	1,022	64	1	65	6·36	0·01
1896 ... ..	190	*41	231	9	1	10	4·01	0·00
1897 ... ..	70	*26	96	13	1	14	18·44	0·00
1898 ... ..	5	*9	14	...	...	...	...	0·00
1899 ... ..	18	*18	36	3	...	3	20·69	0·00
1900 ... ..	66	*19	85	3	...	3	4·3	0·00
Totals ... ..	62,145	1,489	63,634	10,275	59	10,334	16·53	...

The following table is founded on the returns of the Registrar-General, and will be of interest to the Managers in relation to the history of smallpox in the Metropolis:—

\* Most of these were patients who were detained for observation at South Wharf.

YEARS.	Estimated Population in the Middle of each Year.	DEATHS FROM SMALLPOX.		
		Annual Total.	Annual Rate per Million of Population.	Rate per Million on Averages of Five Years.
1838	1,766,169	3,817	2,161	—
1839	1,802,751	634	352	—
1840	1,840,091	1,235	671	—
1841	1,878,205	1,053	561	—
1842	1,917,108	360	188	787
1843	1,954,041	438	224	399
1844	2,033,816	1,804	887	506
1845	2,073,298	909	438	460
1846	2,113,535	257	122	372
1847	2,202,673	955	434	421
1848	2,244,837	1,620	722	521
1849	2,287,302	521	228	389
1850	2,330,054	499	214	344
1851	2,373,081	1,062	448	409
1852	2,416,367	1,159	480	418
1853	2,459,899	211	86	291
1854	2,503,662	694	277	301
1855	2,547,639	1,039	408	340
1856	2,591,815	531	205	291
1857	2,636,174	156	59	207
1858	2,680,700	242	90	208
1859	2,725,374	1,158	425	237
1860	2,770,181	898	324	221
1861	2,815,101	217	77	195
1862	2,860,117	366	128	209
1863	2,905,210	1,996	687	328
1864	2,950,361	547	185	280
1865	2,995,551	640	214	258
1866	3,040,761	1,391	457	334
1867	3,085,971	1,345	436	396
1868	3,131,160	597	191	297
1869	3,176,308	275	87	277
1870	3,221,394	973	302	295
1871	3,267,251	7,912	2,421	688
1872	3,319,736	1,786	537	708
1873	3,373,065	113	33	676
1874	3,427,250	57	16	661
1875	3,482,306	46	12	602
1876	3,538,246	736	207	161
1877	3,595,085	2,551	709	194
1878	3,652,837	1,417	387	266
1879	3,711,517	450	120	287
1880	3,771,139	471	124	309
1881	3,824,964	2,367	617	391
1882	3,862,876	430	110	271
1883	3,901,164	136	34	201
1884	3,939,832	1,236	307	228
1885	3,978,883	1,419	347	283
1886	4,018,321	24	5	160
1887	4,058,150	9	2	139
1888	4,098,374	9	2	132
1889	4,138,996	—	—	71
1890	4,180,021	4	1	2
1891	4,221,452	8	2	1.4
1892	4,263,294	41	10	3
1893	4,306,411	206	48	12
1894	4,349,166	89	22	16
1895	4,392,346	55	13	18
1896	4,421,955	9	2	18
1897	4,463,169	16	4	17
1898	4,504,766	1	0.2	7.6
1899	4,546,752	3	0.6	3.8
1900	4,589,129	4	0.8	1.4



In connection with the foregoing table, it is interesting to remember that the beginning of the present ambulance service was by the opening in 1881 of one ambulance station in the east end of London, to deal with smallpox removals only ; also that in 1884 a commencement was made of the existing practice of removing all smallpox out of London for treatment. To the combined effects of quick removal and perfect isolation is doubtless attributable in no small degree the long-continued freedom of the metropolis from smallpox in its epidemic form.

**Staff Illness in the Fever and Smallpox Hospitals.** (7.) On pp. 35-8 is a summary of the returns submitted by the medical superintendents of the several hospitals, showing the total number of members of the staff who were off duty during the year on account of illness.

There were 4,333 (4,765)\* persons employed at the fever hospitals during the course of the year (including those employed at the Gore Farm Hospital), of whom 216 (243), or 4·9 (5·1) per cent., fell ill with fever or diphtheria, and 3 (3) died ; while 1,397 (1,280), or 32·2 (26·8) per cent., suffered from other forms of illness.

The table also shows that 118 (88) persons were employed on the Hospital Ships during the year, none of whom contracted smallpox, but 18 (19), or 15·2 (21·6) per cent., suffered from other diseases.

In our report for the year 1892 we pointed out that nurses and other members of a hospital staff could be brought with almost absolute impunity into contact with smallpox, provided they were properly protected by vaccination ; and the evidence of each succeeding year has confirmed us in that opinion. It may be added that it is the Board's practice to insist on the re-vaccination of all officers and servants before they join the hospital or ambulance service unless they can satisfy the medical superintendent that they are already sufficiently protected.

ii. IMBECILITY.

**Accommodation for Imbecile Patients.** (1.) The following table gives particulars of the accommodation for imbecile patients which the Managers now possess :—

INSTITUTION.	Males.	Females.	Total.
Leavesden Asylum ... ..	818	962	1,780
Caterham „ ... ..	888	1,065	1,953
Darenth „ (Adult Department) ... }	1,070	924	1,994
„ „ (Schools Department) }			
	2,776	2,951	5,727

\* The italic figures in brackets throughout are the corresponding figures for 1899.









In addition to the foregoing accommodation, the Managers have now in course of erection at Tooting Bec an asylum infirmary of 750 beds. They have also arranged to erect on the same site receiving houses for 56 imbecile children. The Managers have also hired a house at Little Ealing in which they propose to temporarily accommodate 150 improvable children.

**Annual Reports.** The annual reports of the medical superintendents of the asylums will be found on pp. 121 to 139.

**Asylum Statistics.** The annual statistical tables for each asylum are printed on pp. 140 to 165, together with the summaries of the same. For the first time the statistics relating to the adults' and the children's departments at Darenth are included in one set of tables. This has been done because the departments, although in separate and independent buildings, are now placed under one medical and general administration and are to all intents and purposes one asylum. It will also be observed that various changes have been made in the forms of the tables and new ones have been introduced, so that they now correspond with the forms laid down by the Medico-Psychological Association, which are in use at most of the asylums throughout the country.

The following tables summarise the statistics of the three asylums :—

TABLE I.—Admissions, Re-admissions, Discharges, and Deaths at Asylums during 1900.

							Males.	Females.	Total.
In the asylums, January 1st, 1900							2,890	3,061	5,951
Cases admitted—									
							Males.	Females.	Total.
First admissions							170	204	374
Not first admissions							5	5	10
From other asylums of the Board							48	70	118
Total cases admitted during the year							223	279	502
Total cases under care during the year							3,113	3,340	6,453
Discharged—									
							Males.	Females.	Total.
Recovered							10	8	18
Relieved							14	6	20
Not improved							24	27	51
To other asylums of the Board							48	70	118
Died...							235	284	519
Total cases discharged and died during the year							331	395	726
Remaining in the asylums, December 31st, 1900							2,782	2,945	5,727
Average number resident during the year							2,836	2,995	5,831
Persons* under care during the year†							3,110	3,340	6,450
Persons admitted							223	279	502
Persons recovered							10	8	18
Transferred from other asylums not under the Board‡							28	65	93
Transferred to other asylums not under the Board§							18	17	35

\* Persons, *i.e.*, separate persons in contradistinction to “cases,” which may include the same individual more than once.

† Total cases, minus re-admissions of patients discharged during the current year.

‡ Included in first admissions.

§ Included with not improved cases.



From the remarks made in the reports of the medical superintendents, it appears that the majority of the admissions in recent years have been lunatics, not imbeciles. They also draw attention to the weakness, age, and decrepitude of many of the patients sent for care and treatment to the asylums, many of them requiring infirmary treatment on their arrival. It is for the reception of this latter class of patients that the Managers are now providing accommodation at Tooting Bec.

Of the discharges, 38 were transferred to county asylums as “ dangerous “ to themselves or others.”

The medical superintendent of Leavesden Asylum states that the high death-rate (16·2 per cent.) at that institution during the past year was the highest on record, namely, 310, as against the next highest, 305, when influenza was prevalent in 1890. The primary or secondary cause of death in the past year in 105 cases was tuberculosis. The death-rates at Caterham and Darenth Asylums were 6·8 and 3·82 per cent. respectively on the average numbers resident.

TABLE IA.—(1) *Previous Attacks among Persons Admitted at the Asylums during 1900, and (2) the Number of Times they have previously Recovered in one of those Asylums or any other Asylum.*

(1) NUMBER OF PREVIOUS ATTACKS.									PERSONS.		
									Males.	Females.	Total.*
Have had 1 attack	...	...	...	...	...	...	...	...	4	7	11
„ 2 attacks	...	...	...	...	...	...	..	...	4	8	12
„ 3 „	...	...	...	...	...	...	...	...	4	3	7
„ 4 „	...	...	...	...	...	...	...	...	1	2	3
„ 5 „	...	...	...	...	...	...	...	...	...	1	1
„ 6 „	...	...	...	...	...	...	...	...	1	...	1

(2) NUMBER OF TIMES PATIENTS RECOVERED.									IN BOARD'S ASYLUMS.			IN ANY ASYLUM.		
									M.	F.	Total.	M.	F.	Total.†
Once	...	...	...	...	...	...	...	...	...	1	1	3	3	6
Twice	...	...	...	...	...	...	...	..	...	...	...	4	8	12
3 times	...	...	...	...	...	...	...	...	...	...	...	4	1	5
4 „	...	...	...	...	...	...	...	...	...	...	...	1	2	3
5 „	...	...	...	...	...	...	...	...	...	...	...	...	1	1
6 „	...	...	...	...	...	..	...	...	..	...	...	1	...	1

\* No figures given in respect of Darenth Asylum.  
No figures given in respect of Caterham or Darenth Asylums.

TABLE II.—*Admissions, Re-admissions, Discharges, and Deaths from the opening of the Asylums to the 31st December, 1900.*

	Males.	Females.	Total.	Males.	Females.	Total.
Persons admitted during the period of 30 years and 83 days ... ..	11,211	10,546	21,757			
Re-admissions ... ..	156	112	268			
Admissions from other asylums of Board...	1,117	1,212	2,329			
Total cases admitted ... ..				12,484	11,870	24,354
	Males.	Females.	Total.			
Discharged cases—						
Not insane ... ..	27	24	51			
Recovered ... ..	595	404	999			
Relieved ... ..	826	585	1,411			
Not improved .. ..	846	734	1,580			
To other asylums of the Board...	828	740	1,568			
Died ... ..	6,580	6,438	13,018			
Total cases discharged and died since opening of the asylums ...				9,702	8,925	18,627
Remaining December 31st, 1900 ... ..				2,782	2,945	5,727
Average number resident during the 30 years and 83 days ... ..				2,461	2,866	5,327
Transferred from other asylums not under the Board*				315	603	918‡
Transferred to other asylums not under the Board† ... ..				218	204	422‡

TABLE IIA.—*Admissions and Recoveries of Persons § from the opening of the Asylums to the 31st December, 1900 (30 Years and 83 Days).*

	Males.	Females.	Total.
Persons § admitted ... ..	8,907	8,524	17,431
Persons discharged recovered during the same period ...	515	325	840
Of whom were re-admitted relapsed    ... ..	...	...	...
Recovered persons who have not relapsed ... ..	...	...	...
Relapsed persons discharged recovered ¶ ... ..	259	191	450
Net recovered persons ** ... ..	...	...	...

N.B.—This is an incomplete table. See notes to Summary, Table IIA., p. 142.

\* Included in the admissions. † Included with the not improved cases.  
‡ See notes to Summary, Table II., p. 141.

§ Persons, *i.e.*, separate persons in contradistinction to *cases*, which may include the same individual more than once.  
|| *i.e.*, persons who have relapsed one or more times.  
¶ *i.e.*, after last re-admission, if relapsed more than once.  
\*\* *i.e.*, recovered persons, sane at the present time, so far as the asylum statistics show.



TABLE III.—Admissions, Discharges, and Deaths, with the Mean Annual Mortality and proportion of Recoveries per cent. on the Admissions at the Asylums for 1891, and each subsequent year.

YEAR.	DMITTED.						DISCHARGED.												DIED.			Remaining 31st December in each year.						Average Numbers Resident.						Percentage of Recoveries on Admissions.			Percentage of Deaths on Average Numbers Resident.		
	From Parishes and Unions.*			From other Asylums of Board.			Total.			Re- covered.		Re- lieved.		Not Im- proved.†		To other Asylums of Board.																							
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.									
	Total.	Females.	Grand Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.									
1891 ...	450	414	864	...	...	...	450	414	864	23	25	48	30	31	61	31	27	58	...	...	...	242	281	523	2,829	3,089	5,918	2,750	3,053	5,803	5.1	6.0	5.5	8.8	9.2	9.0			
1892 ...	389	344	733	11	32	43	400	376	776	29	12	41	18	9	27	34	29	63	11	31	42	267	264	531	2,870	3,120	5,990	2,812	3,063	5,875	7.3	3.1	5.3	9.4	8.6	9.0			
1893 ...	334	266	600	45	44	89	379	310	689	19	16	35	20	18	38	41	26	67	45	44	89	257	241	498	2,871	3,092	5,963	2,872	3,096	5,968	5.0	5.1	5.0	8.9	7.7	8.3			
1894 ...	331	342	673	40	13	53	371	355	726	20	11	31	16	9	25	36	15	51	38	13	51	265	262	527	2,867	3,137	6,004	2,862	3,100	5,962	5.4	3.1	4.2	9.3	8.4	8.8			
1895 ...	307	279	586	26	46	72	333	325	658	23	5	28	19	11	30	30	31	61	26	46	72	195	245	440	2,907	3,124	6,031	2,883	3,121	6,004	6.9	1.5	4.2	6.8	7.8	7.3			
1896 ...	306	218	524	28	29	57	334	247	581	19	12	31	30	22	52	43	24	67	28	29	57	221	178	399	2,900	3,106	6,006	2,899	3,114	6,013	5.6	4.9	5.3	7.6	5.7	6.6			
1897 ...	305	217	522	24	33	57	329	250	579	15	9	24	33	19	52	34	20	54	24	33	57	209	190	399	2,913	3,085	5,998	2,891	3,092	5,983	4.5	3.6	4.1	7.2	6.1	6.6			
1898 ...	260	289	549	19	25	44	279	314	593	24	12	36	15	13	28	41	34	75	19	25	44	202	216	418	2,892	3,099	5,991	2,953	3,087	6,040	8.6	3.8	6.1	6.8	6.9	6.9			
1899 ...	298	228	526	26	21	47	324	249	573	12	8	20	31	8	39	43	33	76	26	21	47	214	217	431	2,890	3,061	5,951	2,874	3,069	5,943	3.7	3.2	3.4	7.4	7.0	7.2			
1900 ...	175	209	384	48	70	118	223	279	502	10	8	18	14	6	20	24	27	51	48	70	118	235	284	519	2,782	2,945	5,727	2,836	2,995	5,831	4.5	2.8	3.6	8.2	9.4	8.8			

The reduced number of admissions direct from parishes and unions during the past, as compared with former years, was due to the reduction in the number of beds available at Leavesden and Caterham Asylums. The proportion of recoveries to admissions was again very low—3.6 per cent.—and indicates the chronic nature of the mental diseases from which the patients suffer.

\* Including transfers from asylums not under Board.

† Including transfers to asylums not under Board.

‡ Includes 3 males, 1 female, not insane.



TABLE IV.—History of the Annual Admissions since the opening of the Asylums, with the Discharges and Deaths, and the numbers of each year remaining on the 31st December, 1900.

(Table VIII. in previous reports.)

YEAR.	ADMITTED.				OF EACH YEAR'S ADMISSIONS DISCHARGED AND DIED IN 1900.												TOTAL DISCHARGED AND DIED OF EACH YEAR'S ADMISSIONS.												Remaining of each year's Admissions 31st December, 1900.			
	New Cases.		Re-lapsed Cases.		From other Asylums of the Board.		Total.		Re-covered.		Relieved.		Not Im-proved.		To other Asylums of the Board.		DIED.		Recovered.		Relieved.		Not Improved.		To other Asylums of the Board.		DIED.					
Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Total.	Males.	Females.	Total.	
1870 (part of)	624	758																														
1871	1,184	1,415																														
1872	422	417																														
1873	324	332	1		30		366	362																								
1874	355	318	3		49		431	370																								
1875	316	322	12	7	124		483	453																								
1876	400	285	12	9	159		571	649																								
1877	305	79	2	1	5		308	85																								
1878	276	64	3	4	31		310	68																								
1879	345	237	1	1	6		354	238																								
1880	291	390	2	7	25		316	451																								
1881	273	239	5	3			278	255																								
1882	403	411	3	6	78		484	434																								
1883	342	377	9	6	6		357	391																								
1884	269	291	8	3			277	294																								
1885	216	226	8	4	22		246	260																								
1886	284	268	11	7	20		315	283																								
1887	307	278	5	6	12		324	353																								
1888	275	272	4	2	145		424	360																								
1889	451	370	5	6	26		482	385																								
1890	448	421	6	7	52		506	470																								
1891	443	412	7	2			450	414																								
1892	381	339	8	5	32		400	376																								
1893	328	263	6	3	45		379	310																								
1894	323	341	10	1	38		371	355																								
1895	305	275	2	4	26		333	325																								
1896	301	215	5	3	28		334	247																								
1897	303	215	2	2	24		329	250																								
1898	256	286	4	3	19		279	314																								
1899	291	226	7	2	26		324	249																								
1900	170	204	5	5	48		223	279																								
Totals ...	11,211	10,546	156	112	1,117	1,212	12,484	11,870	24,354	10	8	18	14	6	20	24	27	51	48	70	1,568	6,580	8,148	13,018	2,782	2,945	5,727					

\* Includes the "not insane" cases in Table II., p. 141 (Darent Asylum).

† Includes the "not insane" cases in Table II., p. 141 (Leavesden and Caterham Asylums).



TABLE V.—*Causes of Death at the Asylums*  
(Table VII. in

CAUSE OF DEATH.	5 and under 10.			10 and under 20.			20 and under 25.			25 and under 30.			30 and under 35.			35 and under 40.			40 and under 45.			45 and under 50.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
CEREBRO-SPINAL DISEASES—																								
Apoplexy ... ..				1	1																			
Cerebra lsoftening ... ..																						1		1
Cerebral softening and pulmonary tuberculosis																								
Cerebral spinal meningitis ... ..	1	1																						
Epilepsy ... ..	2	2		3	1	4	5		5	3	1	4	1		1		2	2	1		1			
Exhaustion of imbecility and pernicious anæmia																						1		1
General paralysis of the insane ... ..				1	1	2		1	1		1	1	1		1	1	1	2	5	1	6	2		2
General paralysis of the insane with pneumonia																			1	1				
General paralysis of the insane with pulmonary tuberculosis																	1	1						
Glioma of spinal cord ... ..											1	1												
Hydrocephalus ... ..							1		1				1		1									
Maniacal or melancholic exhaustion ... ..							1		1															
Organic brain disease ... ..							1	1								1		1				1		1
Status epilepticus with pulmonary tuberculosis													1	1										
Suppurative otitis ... ..	1	1																						
Tubercular meningitis ... ..																1	1							
Tumour of brain ... ..																						1		1
THORACIC DISEASES—																								
Bronchitis ... ..																								
Congestion of lungs... ..																								
Fatty degeneration of the heart ... ..				1	1																			
Gangrene of the lungs ... ..																1		1						
Influenzal bronchitis ... ..																	1	1						
Influenzal congestion of the lungs ... ..																								
Influenzal pneumonia ... ..				1	1	2	1		1					2	2	1	2	3		1	1	1	4	5
Morbus cordis and cellulitis ... ..																								
Pericarditis ... ..																								
Phthisis ... ..				4		4	6	3	9	3	4	7	9	4	13	4	8	12	8	4	12	8	6	14
Pleurisy ... ..																								
Pneumonia ... ..				4	3	7	1	1	2	3		3	3		3	1	2	3	1	5	6	2	1	3
Pulmonary tuberculosis with tubercular enteritis ... ..																								
Pulmonary tuberculosis and influenza ... ..							1		1							1		1						
Valvular degeneration of the heart ... ..				3		3	2		2							2		2	2	1	3		1	1
Valvular disease of the heart with influenzal bronchitis and influenzal pneumonia																								
ABDOMINAL DISEASES—																								
Acute enteritis ... ..																						1		1
Bright's disease ... ..																			1		1	1		1
Carcinoma of bowels ... ..																								
Cirrhosis of liver ... ..										1		1												
Colitis ... ..																	1	1						
Endometritis .. ..																	1	1						
Nephritis ... ..										1		1												
Obstruction of bowels (volvulus)... ..																								
Peritonitis ... ..													2		2					1	1			
Peritonitis (tubercular) ... ..				1		1																		
Peritonitis and psy. salpinx ... ..																								
Psoas abscess... ..							1	1																
Ulcerative enteritis ... ..																								
Ulcerative colitis ... ..																1	1	1		1				
GENERAL DISEASES—																								
Angina ludovici ... ..							1		1															
Cancer ... ..																								
Carbuncle ... ..																								
Enteric fever ... ..																								
Erysipelas ... ..													1		1									
Gangrene of the leg... ..																								
General tuberculosis ... ..	1	2	3	1	1	2				1		1				1		1						
Influenza ... ..																								
Marasmus ... ..					1	1					1	1												
Syphilis ... ..																								
Senile decay ... ..																								
ACCIDENT OR VIOLENCE—																								
Choking ... ..																1		1						
Fracture of femur ... ..																								
Totals ... ..	4	3	7	18	10	28	16	10	26	12	8	20	18	7	25	12	23	35	19	14	33	16	15	31



during 1900, together with the Ages at Death.  
previous reports.)

50 and under 55.			55 and under 60.			60 and under 65.			65 and under 70.			70 and under 75.			75 and under 80.			80 and under 85.			85 and under 90.			90 and under 95.			95 and under 100.			100 and under 105.			TOTALS.		
Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.			
...	...	...	2	...	2	2	2	4	2	...	2	...	...	...	...	1	1	1	...	...	...	...	...	...	...	...	...	...	...	7	5	12			
...	1	1	1	1	2	2	1	3	...	2	2	1	3	4	1	...	1	...	...	...	...	...	...	...	...	...	...	...	6	9	15				
...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1				
2	2	4	1	...	1	...	2	2	...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	3				
1	1	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	18	12	30				
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	6	18			
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1			
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1			
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1			
2	2	4	2	2	4	2	4	6	2	5	7	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	10	15	25				
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
...	1	1	...	1	1	..	2	2	...	...	...	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	6	8				
...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	1	2				
...	...	...	...	1	2	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	5	6				
...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1				
...	...	...	...	1	...	...	...	...	...	1	1	...	...	...	...	1	1	2	...	1	1	...	...	...	...	...	...	...	2	4	6				
3	3	6	3	1	4	...	3	3	3	3	6	...	3	3	1	1	2	...	...	...	...	...	...	...	...	...	...	...	14	24	38				
...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1			
4	6	10	1	6	7	3	5	8	4	2	6	2	4	6	1	1	2	...	3	3	...	1	1	...	...	...	...	...	1	57	57	114			
...	1	1	2	2	4	5	4	9	6	1	7	1	3	4	1	1	1	...	1	1	...	...	...	...	...	...	...	...	1	2	3				
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	30	26	56			
...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1			
2	1	3	...	6	6	1	3	4	3	5	8	...	1	1	1	3	4	...	...	...	...	...	...	...	...	...	...	...	12	27	39				
...	...	...	...	...	...	...	2	2	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	4	4			
...	...	...	...	...	...	...	...	...	...	...	...	...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1		
...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	3	3	6			
...	1	1	1	...	1	...	1	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	4			
...	...	...	...	...	...	...	...	...	2	...	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	1	5			
...	...	...	...	1	1	...	...	...	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	4	1	1	6			
...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1			
...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1			
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2			
1	1	1	...	...	...	...	...	...	1	...	1	3	...	3	...	2	2	...	...	...	...	...	...	...	...	...	...	...	1	...	1	7			
...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2			
1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	5	4	9			
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	1		
...	...	...	...	1	1	...	...	...	3	1	4	5	8	13	8	15	23	...	1	1	...	3	3	...	...	...	...	...	...	19	36	55			
1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	1			
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	1	1	1		
8	19	37	18	27	45	19	30	49	28	29	57	15	30	45	16	30	46	6	18	24	...	8	8	...	3	3	...	...	...	235	284	519			



Attention has already been drawn to the large number of deaths from tuberculosis. From the foregoing table it will be seen that other main causes of death were epilepsy, organic brain disease, influenzal pneumonia, diseases of the heart, and senile decay.

TABLE VI.—*Length of Residence in those Discharged Recovered and in those who have Died at the Asylums during 1900.* (Table IX. in previous reports.)

LENGTH OF RESIDENCE.	RECOVERED.			DIED.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 1 Month...	1	...	1	3	...	3
From 1 to 3 Months...	1	2	3	5	8	13
„ 3 „ 6 „ ..	2	4	6	13	3	16
„ 6 „ 9 „ ..	1	2	3	8	6	14
„ 9 „ 12 „ ..	2	...	2	4	9	13
„ 1 „ 2 Years ...	2	...	2	26	20	46
„ 2 „ 3 „ ..	...	...	...	13	18	31
„ 3 „ 5 „ ..	...	...	...	21	31	52
„ 5 „ 7 „ ..	...	...	...	27	23	50
„ 7 „ 10 „ ..	...	...	...	40	40	80
„ 10 „ 12 „ ..	1	...	1	10	17	27
„ 12 „ 15 „ ..	...	...	...	9	14	23
„ 15 „ 20 „ ..	...	...	...	8	29	37
„ 20 „ 25 „ ..	...	...	...	24	20	44
„ 25 „ 30 „ ..	...	...	...	24	46	70
Totals ...	10	8	18	235	284	519

Fifteen out of the 18 patients discharged as recovered had been inmates of the asylums for less than 12 months. One, from Darenth Asylum, had been an inmate for between 10 and 12 years.

Most of the patients who died had been inmates for many years; 70 of them between 25 and 30 years.

TABLE VII.—*Duration of Insanity on Admission in the Admissions, Discharges, and Deaths at the Asylums during 1900.*

CLASS.	DURATION OF DISEASE ON ADMISSION IN FIVE CLASSES.											
	Admissions.			Recoveries.			Removals not Recovered.			Deaths.		
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
First class—First attack—												
Within 1 week on admission...	...	..		...	...	...	...	...	...	...	...	...
„ 1 month „ ..	...	2	2	1	2	3	...	1	1	...	1	1
„ 2 months „ ..	...	...	...	...	...	...	...	...	...	...	1	1
„ 3 „ „ ..	2	3	5	1	.	1	1	...	1	3	1	4
Second class—First attack —												
Above 3 and within 6 months												
on admission ... ..	3	8	11	3	1	4	...	...	...	4	2	6
Above 6 and within 12 months												
on admission .. ..	16	26	42	2	3	5	3	2	5	35	45	80
Third class—Not first attack, and												
within 1 month on admission	1	...	1	...	.	...	...	...	...	...	...	...
„ 6 months „ ..	3	3	6	...	...	...	8	2	10	15	22	37
„ 12 „ „ ..	1		1	..	...	...	4	4	8	11	31	42
Fourth class—First attack or not,												
but over 12 months on admission	32	67	99	3	2	5	12	15	27	57	77	134
Fifth class—Congenital ... ..	137	130	267	..	...	...	52	69	121	97	75	172
Unknown ... ..	27	40	67			...	6	10	16	13	29	42
Totals ... ..	222*	279	501	10	8	18	86	103	189	235	284	519

\* One patient admitted twice during the year is only counted once, discharged improved, but not cured, to care of parents.

Of the 18 recoveries, 13 were of patients admitted within 12 months of the first attack.

TABLE VIII.—*Ages of Patients Admitted, Recovered, and Died at the Asylums during 1900, and of those remaining on 31st December, 1900.*  
(In place of tables X. and XI. in previous reports.)

AGES.	ADMISSIONS.						TOTAL ADMISSIONS.			RE- COVERIES.			DEATHS.			PATIENTS RESIDENT 31ST DECEMBER, 1900.		
	From Parishes and Unions.*			From other Asylums of the Board.														
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
Under 5 years ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
From 5 and under 10 years	34	24	58	...	...	...	34	24	58	...	...	...	4	1	5	77	57	134
" 10       " 15       "	18	19	37	1	...	1	19	19	38	...	...	...	2	6	8	220	132	352
" 15       " 20       "	23	14	37	14	8	22	37	22	59	...	1	1	15	6	21	305	178	483
" 20       " 25       "	14	9	23	11	11	22	25	20	45	1	...	1	18	11	29	322	219	541
" 25       " 30       "	9	9	18	11	19	30	20	28	48	2	...	2	11	7	18	279	226	505
" 30       " 35       "	8	10	18	6	11	17	14	21	35	1	1	2	17	7	24	231	227	458
" 35       " 40       "	9	10	19	3	8	11	12	18	30	1	1	2	13	23	36	221	212	433
" 40       " 45       "	4	11	15	...	3	3	4	14	18	...	1	1	19	14	33	202	259	461
" 45       " 50       "	7	16	23	1	4	5	8	20	28	...	...	...	16	15	31	208	252	460
" 50       " 55       "	7	12	19	1	3	4	8	15	23	1	1	2	19	19	38	199	220	419
" 55       " 60       "	6	16	22	...	...	...	6	16	22	2	2	4	18	27	45	144	255	399
" 60       " 65       "	13	15	28	...	2	2	13	17	30	1	1	2	20	30	50	135	217	352
" 65       " 70       "	9	9	18	...	1	1	9	10	19	1	...	1	28	29	57	89	180	269
" 70       " 75       "	5	9	14	...	...	...	5	9	14	...	...	...	14	27	41	84	133	217
" 75       " 80       "	6	15	21	...	...	...	6	15	21	..	...	...	15	33	48	44	111	155
" 80       " 85       "	3	8	11	...	...	...	3	8	11	...	...	...	6	18	24	11	42	53
" 85       " 90       "	...	3	3	..	...	...	...	3	3	...	...	...	...	8	8	8	17	25
" 90       " 95       "	...	...	...	...	...	...	...	...	...	...	...	...	...	3	3	2	4	6
" 95       " 100       "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
" 100       " 105       "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Unknown ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	4
Total ...	175	209	384	48	70	118	223	279	502	10	8	18	235	284	519	2,782	2,945	5,727
Mean age ...	33	42	37	25	32	28	31	40	35	44	45	44	49	57	53	37	45	41

Of the direct admissions 95 were patients over 60 years of age. One patient over 65 years of age was discharged as recovered. There were seven patients over 90 years old remaining in the asylum at the end of the year.

TABLE IX.—*Condition as to Marriage of Patients Admitted, Recovered, and Died at the Asylums during 1900.*  
(Included in table XIII. in previous reports.)

CONDITION AS TO MARRIAGE.			ADMISSIONS.						TOTAL ADMISSIONS.			RECOVERIES.			DEATHS.		
			From Parishes and Unions.*			From other Asylums of Board.											
			M.	F.	TL.	M.	F.	TL.	M.	F.	TL.	M.	F.	TL.	M.	F.	TL.
Single	...	...	130	122	252	48	68	116	178	190	368	5	3	8	82	94	176
Married	...	..	28	45	73	...	1	1	28	46	74	4	4	8	94	111	205
Widowed	...	...	16	41	57	...	1	1	16	42	58	1	1	2	34	58	92
Unknown	...	...	1	1	2	..	...	...	1	1	2	...	...	...	25	21	46
Totals	...	...	175	209	384	48	70	118	223	279	502	10	8	18	235	284	519

Excluding 119 patients under 20 years of age who were admitted to Darenth Asylum, 133 out of a total of 265 direct admissions are recorded as single.

\* Including transfers from asylums not under the Board.



TABLE X.—*Probable Causes of Insanity in the Patients admitted at the Asylums during 1900.*  
(Table XI. in previous reports.)

CAUSES OF INSANITY	NUMBER OF INSTANCES IN WHICH EACH CAUSE WAS ASSIGNED.											
	Number of Cases. Admissions—Males, 175 ; Females, 209 ; Total, 384.											
	As predisposing cause.			As exciting cause.			As predisposing or exciting, where these could not be distinguished.			Total.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
MORAL—												
Domestic trouble (including loss of relatives and friends) ...	...	...	...	4	8	12	...	...	...	4	8	12
Adverse circumstances (including business anxieties and pecuniary difficulties) ...	...	1	1	...	2	2	...	...	...	...	3	3
Mental anxiety and worry (not included under the above two heads) and overwork ...	...	...	...	...	2	2	...	...	...	...	2	2
Religious excitement ...	...	...	...	...	...	...	...	...	...	...	...	...
Love affairs (including seduction) ...	...	...	...	...	...	...	...	...	...	...	...	...
Fright and nervous shock ...	...	...	...	...	...	...	...	...	...	...	...	...
PHYSICAL —												
Intemperance in drink...	5	4	9	6	10	16	...	...	...	11	14	25
Intemperance, sexual ...	...	1	1	...	...	...	...	...	...	...	1	1
Venereal disease ...	...	...	...	...	1	1	...	...	...	...	1	1
Self-abuse, sexual ...	1	...	1	1	...	1	...	...	...	2	...	2
Over-exertion ...	...	...	...	1	...	1	...	...	...	1	...	1
Sunstroke ...	1	...	1	...	...	...	...	...	...	1	...	1
Accident or injury ...	1	...	1	4	...	4	...	...	...	5	...	5
Pregnancy ...	...	...	...	...	...	...	...	...	...	...	...	...
Parturition and the puerperal state ...	...	...	...	...	1	1	...	...	...	...	1	1
Lactation... ..	...	...	...	...	...	...	...	...	...	...	...	...
Uterine and ovarian disorders ...	...	...	...	...	...	...	...	...	...	...	...	...
Puberty ...	...	...	...	...	1	1	...	...	...	...	1	1
Change of life ...	...	...	...	...	3	3	...	...	...	...	3	3
Fevers ...	...	...	...	...	...	...	...	...	...	...	...	...
Privation and starvation ...	...	...	...	...	...	...	...	...	...	...	...	...
Old age ...	18	20	38	8	14	22	...	...	...	26	34	60
Other bodily diseases or disorders... ..	2	3	5	5	5	10	2	...	2	9	8	17
Previous attacks ...	...	1	1	...	...	...	...	...	...	...	1	1
Hereditary influences ascertained (direct and collateral)	22	15	37	...	...	...	2	...	2	24	15	39
Congenital defect, ascertained	10	7	17	18	11	29	57	44	101	85	62	147
Other ascertained causes ...	...	...	...	...	...	...	...	...	...	...	...	...

NOTE.—With reference to the distinction between “predisposing” and “exciting” causes, it must be understood that no single cause is enumerated as both predisposing and exciting in the case of any individual patient. The figures in the total column represent the entire number of instances in which the several causes (either alone or in combination with others) were stated to have produced the mental disorder. The excess of the aggregate of such causes over the number of patients admitted is owing to combinations of causes. Transfers from other asylums are not included in this table.

Intemperance in drink is assigned as a predisposing cause in only 9 instances, and as an inciting cause in 16, hereditary influence in 39, and congenital defect in 147.

TABLE XI.—*Form of Mental Disorder in the Admissions, Recoveries, and Deaths at the Asylums during 1900 and of Inmates on 31st December, 1900.*  
(Includes tables IV. and V. in previous reports.)

FORM OF MENTAL DISORDER.	ADMISSIONS.			RECOVERIES.			DEATHS.			REMAINING IN ASYLUMS.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
CONGENITAL OR INFANTILE MENTAL DEFICIENCY—												
Congenital—(a) with epilepsy	41	38	79	...	...	...	45	24	69	479	373	852
(b) without „	103	96	199	...	...	...	46	56	102	1,273	1,081	2,354
Epilepsy acquired ...	1	4	5	...	...	...	20	18	38	69	100	169
General paralysis of the insane	7	4	11	...	...	...	11	7	18	21	14	35
MANIA—												
Acute ...	1	...	1	2	...	2	1	...	1	10	3	13
Chronic ...	9	25	34	3	2	5	8	17	25	224	248	472
Recurrent ...	4	1	5	...	1	1	8	...	8	54	17	71
A potù ...	2	2	4	3	...	3	...	...	...	3	2	5
Puerperal...	...	1	1	...	1	1	...	...	...	...	...	...
Senile ...	...	...	...	...	...	...	3	...	3	...	6	6
MELANCHOLIA—												
Acute ...	...	2	2	...	3	3	...	...	...	...	...	...
Chronic ...	1	11	12	2	1	3	2	4	6	10	59	69
Recurrent ...	2	...	2	...	...	...	...	...	...	5	...	5
Puerperal...	...	...	...	...	...	...	...	...	...	...	...	...
Senile ...	1	...	1	...	...	...	...	...	...	3	4	7
DEMENTIA—												
Primary ...	8	2	10	...	...	...	2	...	2	21	25	46
Secondary ...	22	46	68	...	...	...	60	114	174	484	887	1,371
Senile ...	21	46	67	...	...	...	28	43	71	116	124	240
Organic ( <i>i.e.</i> , from tumours, coarse brain disease, &c.) ...	...	1	1	...	...	...	1	1	2	10	2	12
Totals ...	223	279	502	10	8	18	235	284	519	2,782	2,945	5,727

3,206 out of the 5,727 patients remaining in the asylums at the end of the year were cases of congenital insanity, 472 of chronic mania, 69 of chronic melancholia, 1,371 of secondary dementia, and 240 of senile dementia.

TABLE XII.—*Station or Occupation of Patients Admitted at the Asylums during 1900.*  
(Included in table XIII. in previous reports.)

MALES.									
Asylum attend'nt	1	Costermonger ...	1	Painters ...	...	Upholsterer ...	1		
Beadle ...	1	Dealporter ...	1	Porters ...	3	Vanboys ...	2		
Bricklayer ...	1	Furriers ...	2	Printer ...	1	Window-cleaner	1		
Brickmaker ...	1	Gardeners ...	2	Sailors ...	2	Woodchopper ...	1		
Busdriver ...	1	Gilder ...	1	Shoeblack ...	1	Nil and unknown	99		
Cabinet-maker ...	1	Glazier ...	1	Shoemakers ...	3				
Chaffcutter ...	1	Glassblower ...	1	Slater ...	1				
Clerks ...	4	Hawkers ...	2	Solicitor ...	1				
Clockmaker ...	1	Horsekeeper ...	1	Stoker ...	1				
Coalporter ...	1	Insurance agent	1	Tailors ...	5				
Commercial tra-		Joiners ...	2	Tailor's salesman	1	Total...	175		
veller ...	1	Labourers ...	20	Traveller ...	1				

NOTE.—Transfers from other asylums of the Board are not included in this table.



TABLE XII.—*Station or Occupation of Patients Admitted at the Asylums during 1900—continued.*

FEMALES.			
Bookfolder... .. 1	Fur-sewer ... .. 1	Nurse ... .. 1	Umbrella sewer 1
Caretaker ... .. 1	Hawker .... .. 1	Scrubber ... .. 1	Upholsterer ... 1
Charwomen ... 14	Housekeepers ... 2	Servants, general 19	Nil and unknown 116
Domestic serv'nts 7	Housewives ... 10	Tailoresses... .. 3	
„ workers 7	Laundresses and	Trimming manu-	
Dressmakers and	laundrywomen 6	facturer ... .. 1	Total... ..209
needlewomen 16			

NOTE.—Transfers from other asylums of the Board are not included in this table.

TABLE XIII.—*Table of Heredity in Patients admitted in the Asylums during 1900.*

DEGREE.							Males.	Females.	Total.
I. DIRECT—									
Paternal	...	...	...	...	...	...	6	6	12
Maternal	...	...	...	...	...	...	1	2	3
Grandparents	...	...	...	...	...	...	1	2	3
II. COLLATERAL—									
Brothers or sisters	...	...	..	...	...	...	5	6	11
Paternal uncles or aunts	...	...	...	...	...	...	4	2	6
Maternal „ „	...	...	...	...	...	...	5	3	8
Maternal or paternal aunts...	...	...	...	...	...	...	...	1	1
Paternal grandparents	...	...	...	...	...	...	..	...	...
Maternal „ „	...	...	...	...	...	...	1	1	2
Cousins	...	...	...	...	...	...	2	...	2
III. REMOTE—									
Undefined	...	...	...	...	...	...	6	4	10
Totals							31	27	58
Total number of admissions							145	181	326
Number in which causes were assigned							35	46	81
Percentage of heredity on admissions							21·4	14·9	17·8

This table contains no information in regard to patients admitted at Leavesden Asylum. In the 58 cases dealt with, there appears to have been a history of insanity in the parents or grandparents of the patients in 18 cases and in other relatives in 30 cases.

iii. CHILDREN'S HOMES.

**Statistics.** Into the homes at Herne Bay and Margate for children requiring the benefits of seaside air there were admitted during the year 104 boys and 120 girls. There were discharged 100 boys and 113 girls, and 1 boy and 2 girls died.

In the homes for defective children there have been under training 13 boys and 22 girls (see the table on p. 166).

## iv. TRAINING SHIP "EXMOUTH."

**Statistics.**

The number of boys admitted during the year was 423 (341)\* (including 80 (67) who were admitted from extra-metropolitan parishes and unions), while the number discharged was 392 (372).

Of the latter number, 115 (149) entered the royal navy, 145 (135) the mercantile marine, 93 (58) the army as musicians, and 39 (30) were returned to their respective parishes and unions. There was 1 (1) death.

At the end of the year there remained 561 (531) boys under training, of whom 115 (86) were chargeable to extra-metropolitan districts.

The statistical tables on pp. 167 to 175 supply detailed information concerning the boys under training.

## v. GENERAL SUMMARY.

In conclusion, the Committee submit the following brief summary of the number of persons who have been under the care of the Managers in their several institutions since the opening of the first hospital in 1870:—

NUMBER OF PERSONS. (Re-admissions are not included.)	Admitted direct from Homes or Parishes and Unions.	Remaining in the various Institutions, Dec. 31st, 1900.
Fever patients (including 218 cases of) relapsing fever treated in 1870) ... }	244,424	4,142
Smallpox patients ... ..	63,634	2
Imbeciles ... ..	21,757	5,727
Boys on training ship "Exmouth" ...	7,615	561
Children at homes ... ..	795	196
Totals ... ..	338,225	10,628

## vi. MEDICAL SUPPLEMENT.

In continuance of the arrangement begun in 1896, there will be found at the end of this volume a Medical Supplement, edited by two of the Board's medical superintendents (Dr. F. M. Turner and Dr. H. E. Cuff), who have been appointed for that purpose by their colleagues. In this supplement there are included, in the first place, reports based on the records of the fever hospitals for 1900, dealing with the following subjects of a medical rather than of a general statistical nature:—

1. Complications and co-existent infectious diseases.
2. Post-scarlatinal diphtheria.
3. Antitoxin treatment of diphtheria.

There are also included papers by members of the Managers' medical staff on various subjects of interest in connection with the treatment of infectious disease.

(Signed) V. B. KENNETT-BARRINGTON,  
Chairman.

\* The italic figures in brackets throughout are the corresponding figures for 1899.



i. APPENDIX I.—INFECTIOUS DISEASES.

(Statistical tables detached from the Ambulance Committee's Annual Report in Vol. I.)

APPENDIX A.—LAND AMBULANCE SERVICE.

*Number of Patients removed by the Ambulances of the Board.*

	From 1881 to 1892	1893	1894	1895	1896	1897	1898	1899	1900	TOTALS.
FEVER :—										
From homes to Hospitals	58,966	18,496	16,573	16,725	22,152	22,795	20,923	24,917	21,430	222,977
Convalescents to North- ern and other Hospitals	19,561	6,813	5,159	5,037	9,998	8,941	6,437	7,973	5,394	75,313
Recovered cases from Northern Hospital to Town Hospitals for discharge ... ..	15,432	5,670	4,090	4,464	5,899	5,259	4,226	4,530	2,681	51,851
Recovered cases dis- charged from Northern Hospital conveyed from Eastern and Western Hospitals to South- Eastern Hospital ...	100	60	221	82	154	111	1	97	29	855
Ditto from South- Eastern Hospital to Western Hospital ...	..	...	...	...	...	...	...	2	...	2
Recovered cases from Gore Farm Hospital to Town Hospitals for discharge ... ..	2,651	1,536	1,375	...	3,629	3,658	2,445	3,374	2,735	21,403
Recovered cases from Gore Farm Hospital conveyed from the South-Eastern, the South-Western, and the Brook Hospitals to other Hospitals ...	183	126	112	...	31	181	125	31	233	1,022
Other transfers between Hospitals ... ..	...	...	7	61	1	10	2	6	39	126
From Hospitals to homes	*3,038	279	251	256	377	350	317	385	577	5,830
From General Hospitals to homes, owing to want of room in the Managers' Hospitals, or to the patients being extra - Metropolitan residents ... ..	...	468	143	724	1,287	752	71	144	20	3,609
Enteric Fever cases from homes to General Hos- pitals ... ..	...	170	216	241	109	186	133	247	201	1,503
Total Fever Patients	99,531	33,618	28,147	27,590	43,637	42,243	34,680	41,706	33,339	384,491
SMALLPOX :—										
From homes to Hospitals and Wharves ... ..	14,376	2,389	1,186	1,045	265	121	36	28	94	19,540
From Hospitals to Wharves	5,153	331	8	...	...	...	...	8	...	5,500
Other transfers between Hospitals ... ..	5	1	1	3	...	...	...	7	...	17
From Hospitals and Wharves to homes ...	10,368	44	77	77	39	33	1	1	31	10,671
Total Smallpox Patients	29,902	2,765	1,272	1,125	304	154	37	44	125	35,728
Conveyance of Patients to other places than the Managers' Hospitals ...	688	593	269	326	433	361	326	369	327	3,692
Grand Totals ...	130,121	36,976	29,688	29,041	44,374	42,758	35,043	42,119	33,791	423,911

\* Includes some smallpox cases.  
The use of the Managers' ambulances for the general conveyance of the infectious sick was not authorised until November 30th, 1889.

APPENDIX B.—LAND AMBULANCE SERVICE—(continued).

Return of Work for the Twelve Months ended December 31st, 1900.

PARTICULARS OF WORK.	Number of Journeys.	MILES RUN.				
		By Horses.				By Vehicles.
		1	2	3	4	
REMOVALS FROM HOME—						
To the Board's Hospitals—						
Fever Patients ... ..	20,519	173,544	628	...	...	174,172
Smallpox Patients... ..	...	...	...	...	...	...
To the Board's Wharves—						
Smallpox Patients... ..	88	1,483	...	...	...	1,483
To General Hospitals—						
Enteric Patients ... ..	190	1,599	...	...	...	1,599
OTHER REMOVALS—						
From General Hospitals to homes owing to want of room in the Board's Hospitals, or to the patients being extra- Metropolitan residents ... ..	21	210	...	...	...	210
Non-Smallpox Patients returned home ... ..	20	283	...	...	...	283
Other Patients returned home... ..	28	267	...	...	...	267
Patients sent for, but for various causes not removed ... ..	434	2,915	20	...	...	2,935
Patients' friends taken from home to Hospital ... ..	43	358	...	...	...	358
Patients' friends taken from Hospital to home ... ..	43	343	...	...	...	343
TRANSFERS BETWEEN HOSPITALS—						
Fever Patients to and from Northern Hospital... ..	735	6,505	9,427	...	...	15,932
Fever Patients to and from Gore Farm Hospital ... ..	1,080	1,042	18,618	85	...	19,745
Other transfers between Hospi- tals ... ..	121	1,156	195	...	...	1,351
Board's Hospitals to Wharves... ..	...	...	...	...	...	...
RECOVERED PATIENTS TAKEN HOME—						
From Fever Hospitals ... ..	506	5,174	229	...	...	5,403
From Wharves:—Smallpox ... ..	9	162	...	...	...	162
Service requirements ... ..	639	5,172	25	7	...	5,204
Conveyance of Ambulance Com- mittee ... ..	6	40	...	...	...	40
Conveyance of other Committee ... ..	...	...	...	...	...	...
	24,482	200,253	29,142	92	...	229,487
Conveyance of Patients to other places than Managers' Hos- pitals (private removals) }	326	3,279	82	...	...	3,361
Totals for 1900 ... ..	24,808	203,532	29,224	92	...	232,848
Totals for 1899 ... ..	28,184	222,128	37,855	452	..	260,367
Totals for 1898 ... ..	23,120	182,255	32,421	33	...	214,677
Totals for 1897 ... ..	26,055	231,143	39,417	810	41	271,411
Totals for 1896 ... ..	26,646	249,376	46,792	337	301	296,792
Totals for 1895 ... ..	19,963	189,360	23,004	...	...	212,364
Totals for 1894 ... ..	19,796	176,602	26,918	72	228	203,820
Totals for 1893 ... ..	24,017	214,884	30,186	...	241	245,311
Totals for 1892 ... ..	17,607	147,606	27,497	...	3,535	178,638
Totals for 1891 ... ..	8,254	66,129	12,958	...	791	79,873
Totals for 1890 ... ..	8,644	67,443	14,167	415	2,405	84,423
Totals for 1889 ... ..	5,594	40,957	6,276	232	881	48,346
Totals for 1888 ... ..	5,550	34,842	12,767	...	1,910	49,519
Totals for 1887 ... ..	6,507	51,894	5,223	...	1,009	58,126
Totals for 1886 ... ..	2,073	13,578	1,980	...	...	15,558
Grand Totals ... ..	246,818	2,091,729*	346,685	2,443	11,342	2,452,073

\* Includes 126 miles by horses only.



APPENDIX C.—RIVER SERVICE.

Number of Patients, Visitors, Staff, &c., conveyed to and from the Hospital Ships during the year 1900.

MONTH.	Patients conveyed to Hospital Ships.	Recovered cases conveyed from Hospital Ships.	Visitors conveyed to and from Hospital Ships (including Managers).	Staff, &c., conveyed to and from Hospital Ships.	Totals.
January ... ..	18	2	3	109	132
February ... ..	4	17	5	107	133
March ... ..	3	9	...	123	135
April ... ..	6	2	...	131	139
May ... ..	5	5	1	133	144
June ... ..	17	9	5	152	183
July ... ..	6	13	23	118	160
August ... ..	2	7	...	117	126
September ... ..	1	2	1	121	125
October ... ..	...	1	4	115	120
November ... ..	2	1	...	113	116
December ... ..	...	1	...	121	122
Totals for 1900 ... ..	64	69	42	1,460	1,635
Totals for 1899 ... ..	11	6	17	1,434	1,468
Totals for 1898 ... ..	6	5	7	937	955
Totals for 1897 ... ..	69	55	132	1,027	1,283
Totals for 1896 ... ..	188	243	153	1,815	2,399
Totals for 1895 ... ..	925	792	862	2,372	4,951
Totals for 1894 ... ..	1,101	1,009	1,762	3,742	7,614
Totals for 1893 ... ..	2,364	2,053	2,195	4,040	10,652
Totals for 1892 ... ..	298	235	121	735	1,389
Totals for 1891 ... ..	63	53	155	503	774
Totals for 1890 ... ..	26	25	38	339	428
Totals for 1889 ... ..	5	4	51	445	505
Totals for 1888 ... ..	62	63	246	476	847
Totals for 1887 ... ..	54	45	395	478	972
Totals for 1886 ... ..	130	145	458	*3,929	4,662
Totals for 1885 ... ..	5,468	5,809	†	†	11,277
Totals for 1884 ... ..	5,592	4,267	†	†	9,859
Grand Totals ... ..	16,426	14,878	6,634	23,732	61,670

STEAMERS.

STEAMER.	Fires alight.		Under Steam.		Under Way.		Coal consumed.		Number of days when steam raised.	Distance run. Miles.
	Hours.	Mins.	Hours.	Mins.	Hours.	Mins.	Tons.	Cwt.		
“ Albert Victor ” ...	407	..	307	7	148	40	49	...	45	1,260
“ Geneva Cross ” ...	393	9	236	...	97	37	58	10	47	906
“ Maltese Cross ” ...	290	...	153	...	40	10	47	10	29	276
“ White Cross ” ...	572	50	375	30	207	25	34	10	71	2,315
Totals ...	1,662	59	1,071	37	493	52	189	10	192	4,757

Quantity of Stores, Parcels, &c., conveyed to and from the Hospital Ships.  
Number, 2,644. Weight, 70 tons 2 cwt. 3 qrs. 10 lbs.

\* Included in this number is the number of contractors' workmen who were engaged on building and other work in connection with the Hospital Ships, and who were conveyed to and from Long Reach each week.  
† No figures were given in the Committee's Report for 1884 and 1885.

# REPORTS OF THE MEDICAL SUPERINTENDENTS OF THE SEVERAL FEVER HOSPITALS FOR THE YEAR 1900.

(For Statistical Tables, see pp. 68 to 101.)

## No. 1.

### EASTERN HOSPITAL.

HOMERTON, N.E.,

*January 22nd, 1901.*

#### Statistics.

During the year, 2,513 patients have been under treatment. Of these, 1,407 have been discharged from the hospital, 533 have been transferred to the Northern and the North-Eastern Hospitals, and 287 have died, leaving 286 under treatment at the end of the year. The percentage mortality is 13·05.

#### Scarlet Fever.

The number of scarlet fever cases under treatment has been 367. Of these, 160 were discharged, 174 were transferred, 25 died, and 8 remained. The percentage mortality is 7·92. Included amongst the 25 deaths are 2 cases fatal from diseases other than scarlet fever, viz., measles, 1, and tuberculous disease of the brain, 1.

The mortality of the scarlet fever cases is higher than for any year since 1895, when it was 8·62 per cent. For reasons I shall mention presently, the number of admissions was small compared with previous years. Further, a ward is reserved at this hospital for cases certified to have concurrent scarlet fever and diphtheria, such cases, I believe, not being admitted to the North-Eastern Hospital. These cases usually turn out to be severe cases of scarlet fever of the anginous form, though occasionally they are instances of mixed infection. These facts partly explain the high mortality.

#### Post- Scarlatinal Diphtheria.

There have been 4 cases of secondary or post-scarlatinal diphtheria; 1 of the patients thus affected died, but death was due to scarlatinal nephritis and not to diphtheria; 3 of the cases occurred in Courage and 1 in Honor ward. No cases arose in the three remaining wards set aside for scarlet fever. There were 4 cases of other forms of secondary sore throat.

#### Diphtheria.

The number of cases of diphtheria under treatment was 1,633. Of these, 847 were discharged, 359 were transferred to the Northern Hospital, 200 died, and 227 remained at the end of the year. The mortality per cent. is 14·04, the lowest hitherto recorded for this hospital. Included amongst the fatal cases are 15 in which death was due to diseases other than the attack of diphtheria for which the patients were admitted, viz., scarlet fever, 6; measles, 5; whooping cough, 2; and tuberculosis, 2. Making allowance for these cases, the mortality is 12·98 per cent.



- Enteric Fever.** Of enteric fever, 246 cases have been under treatment. Of these, 180 were discharged, 34 died, and 32 remained at the end of the year. The mortality per cent. is 16·38.
- Typhus Fever.** 3 cases of typhus fever were admitted ; all recovered.
- Combined Mortality.** The combined mortality of the scarlet fever, diphtheria, and enteric fever cases is 13·27 per cent.
- Other Diseases.** Of the 2,162 cases admitted, 252, or 11·6 per cent., were found to be suffering from diseases other than those notifiable diseases which are usually admitted to the Managers' hospitals. The percentage of error was, for scarlet fever, 17·0 ; for diphtheria, 7·6 ; and for enteric fever, 27·6.
- Diphtheria Accommodation.** In consequence of the increase in the number of patients suffering from diphtheria, the accommodation for this disease was, in June last, enlarged. Four scarlet fever wards were emptied (such of the patients as could bear removal being transferred to the Northern and North-Eastern Hospitals), cleaned, and disinfected, and reopened for diphtheria. There remained only one block of two wards for scarlet fever, which has been reserved for cases of co-existing scarlet fever and diphtheria, and for such cases of scarlet fever as have been sent to the hospital with the erroneous diagnosis of diphtheria. Consequently, only 19 patients suffering from scarlet fever were admitted during the last five months of the year.
- Plague accommodation.** Since September last the isolation block has been held in readiness for a few plague cases.
- Staff.** It is with regret I record the death of Assistant-Nurse Mary Green. She died of enteric fever on May 21st. In her the Managers lost a hard-working and conscientious officer.

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(Signed) E. W. GOODALL,  
*Medical Superintendent.*

## No. 2.

### NORTH-EASTERN HOSPITAL.

ST. ANN'S ROAD, TOTTENHAM, N.,

*January 28th, 1901.*

- Statistics.** During last year, 1,841 patients were admitted direct from their homes, and 34 transferred from the Eastern Hospital, which, added to 347 left in from the previous year, brought up the total of those treated during 1900 to 2,222. Of these, 47 died, giving a percentage mortality of 2·47 ; 1,480 were discharged, 394 transferred to the Northern Hospital at Winchmore Hill, and 301

left in at the end of the year. At no time during 1900 was the hospital full, the number of admissions falling below that of any previous year.

Of scarlet fever, 2,083 cases were treated, with 39 deaths, giving a mortality per cent. of 2·2, which is slightly less than it was last year. The 39 deaths included 3 from post-scarlatinal diphtheria.

14 cases of diphtheria were under treatment, with 3 deaths, of which 1 was moribund on admission, and 5 cases of enteric fever with no deaths.

During the year, 120 patients were admitted who had neither scarlet fever, diphtheria, nor enteric, a number with which our extremely limited isolation accommodation was quite unable to cope. Of these, 103 were discharged, 5 died (2 from tubercle, 2 from measles, and 1 from diarrhoea), and 12 remained in at the end of the year.

**Post-Scarlatinal Diphtheria.** The cases of post-scarlatinal diphtheria numbered 43, with 1 death. In all there was a definite inflammation of the throat from which the bacillus of diphtheria was cultivated. There were in addition a large number of patients with apparently normal throats in whom this bacillus was found at some time or other during their stay in the hospital. Several of these had it on admission, though they showed not the slightest evidence of diphtheria, nor was there in any case a history of a recent attack of that disease. Such facts, while demonstrating the widespread character of this germ, tell strongly against the view that the reception of both scarlet fever and diphtheria into the same institution is the sole or even the principal cause of post-scarlatinal diphtheria, for it must be remembered that this hospital has always been reserved for scarlet fever, all patients suffering from diphtheria being isolated on admission.

**Staff.** 1 temporary assistant medical officer, 6 assistant nurses, and 1 laundrymaid contracted scarlet fever, while 6 assistant nurses suffered from diphtheria; all recovered. There was rather more general illness among the staff last year than in 1899, the excess occurring among the assistant nurses and wardmaids.

(Signed) HERBERT CUFF,  
*Medical Superintendent.*

### No. 3.

#### NORTH-WESTERN HOSPITAL.

LAWN ROAD, HAMPSTEAD, N.W.,  
*February 13th, 1901.*

**Statistics.** The gross number of cases treated during the past year was 3,069, the mortality on the whole being 9·05 per cent.

Of the 2,684 admissions direct from their homes, 1,410 were cases of scarlet fever, 772 cases of diphtheria, 320 cases of enteric fever, and 182 were at the time of arrival or subsequently found to be suffering from other diseases than those certified.



1,411 of the total admissions suffered from scarlet fever, and 47 deaths were attributable to this disease or its complications, the percentage mortality, calculated according to the Registrar-General's formula, being 3·24 per cent.

The character of the disease throughout the year was distinctly mild.

With regard to age, 31 per cent. of the cases were under 5 years, and 34 per cent. between 5 and 10 years.

Of the 873 suffering from diphtheria, 114 died, the mortality being 14·5 per cent. 41 per cent. of the cases were under 5 years of age, and 36 per cent. between the ages of 5 and 10, that is, no less than 77 per cent. were under 10 years of age.

The severity of the cases, like scarlet fever, was much below the normal.

Of the 372 enteric patients, 56 died, the percentage mortality calculated in the same way being 17·3 per cent.

The type of the disease much exceeded the average severity, and was particularly observable as regards the males.

Of the 182 cases of other diseases, 31 died, or a percentage mortality of 16·7.

935, or 66·2 per cent., of the scarlet fever cases were transferred to the Northern Hospital.

**Post-Scarlatinal Diphtheria.** The table showing the incidence of diphtheria during recovery from scarlet fever will be found in the medical supplement, this, however, was but rarely seen, the total number being 11, with 1 death.

**Staff.** Illness among the staff was considerable. 1 charge nurse contracted scarlet fever, and 1 assistant nurse, who I regret to state died from the malignant form of the disorder after 48 hours. With the exception of 1 being attacked by diphtheria and 2 by enteric, the rest were of a minor character, and all recovered.

(Signed) Wm. GAYTON,  
*Medical Superintendent.*

## No. 4.

### WESTERN HOSPITAL.

FULHAM, S.W.,  
*February 27th, 1901.*

**Statistics.** The total number of patients treated during the year, which includes 1 born in the hospital, was 2,982. Of these, 1,573 were discharged recovered, 864 were transferred to other hospitals of the Board, and 170 died, leaving 375 in the hospital at the end of the year. The combined mortality in respect of all cases was 6·57 per cent.

Of scarlet fever, there have been 1,573 cases under treatment, of which 744 were transferred to other hospitals of the Board, 575 were discharged, 42 died, and 212 remained in hospital on December 31st.

The scarlet fever mortality was 3·09 per cent., the lowest so far recorded at this hospital.

Diphtheria supervened during scarlatinal convalescence in 14 cases, or 1·02 per cent. of the completed cases ; all of these recovered.

The diphtheria admissions numbered 882, which, with 139 left over from the previous year, brings the total number treated to 1,021. 691 were discharged recovered, 119 were transferred, and 100 died, leaving 111 in hospital.

The diphtheria mortality was 11·16 per cent., the lowest so far reached at this hospital. In 15 cases death occurred within 24 hours after admission.

Tracheotomy was performed in 33 cases, with 9 deaths, a recovery rate of 72·7 per cent.

Of enteric fever, 212 cases were treated, of which 155 were discharged, and 16 died. 41 remained at the end of the year.

The mortality was 9·84 per cent., which is considerably below the average.

As regards miscellaneous diseases, which constituted 7·24 per cent. of the total admissions, 176 cases came under treatment, 152 were discharged, 12 died, and 11 remained in hospital.

The mortality was 7·10 per cent.

The percentage of error was 4·4 in cases certified as scarlet fever, 9·2 in cases certified diphtheria, and 16·8 in cases certified enteric fever.

The average daily number of patients during the year was 363, with a maximum of 436 on the 4th January and a minimum of 290 on the 21st June ;

**Staff.** whilst the average daily number of staff employed was 5 medical, 125 nursing, and 141 other staff.

There were no changes in the principal appointments during the year. The total number of subordinate officers employed was 412 female and 56 male. 168 females were appointed and 184 left, whilst 16 males were appointed and 14 left.

108 officers were warded during the year. Of these, 18 suffered from infectious diseases, viz., 1 charge nurse and 2 assistant nurses from enteric fever, 2 assistant nurses from scarlet fever, 9 assistant nurses and 2 wardmaids from diphtheria, and 1 assistant nurse and 1 wardmaid from german measles ; all recovered.

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(Signed) R. M. BRUCE,  
*Medical Superintendent.*

## No. 5.

### SOUTH-WESTERN HOSPITAL.

STOCKWELL, S.W.,  
*February 10th, 1901.*

On January 10th I resumed my duties at this hospital after an absence of six months in connection with the opening of the Grove Hospital.

**Statistics.** During the year 1900, 1,612 patients were admitted, which, with 308 remaining at the close of the previous year, represents a total of 1,920 treated. Of these, 1,385 were discharged, 154 were transferred, 115 died, and 266



remained in hospital on December 31st, 1900; the general mortality was therefore 7·04 per cent.

The scarlet fever mortality was 2·52 per cent. 30 of the scarlet fever patients developed diphtheria. Of these, 2 died, but in each case of some cause other than diphtheria, viz., pyæmia, following ear disease, and broncho-pneumonia, which was present before the diphtheria appeared. All were treated with antitoxin.

The diphtheria mortality was 11·27 per cent., antitoxin being employed in 84 per cent. The recovery rate after tracheotomy has in each of the last two years been over 72 per cent.

The number of cases in which the original diagnosis was not confirmed after admission amounted to 5·6 per cent. of the total admissions to hospital. As usual, the largest number of mistakes were in respect of enteric fever. They represented 20 per cent. of the cases so certified. The proportion in respect of scarlet fever was 4·9 per cent., and diphtheria 3 per cent.

**Staff.** During the year 7 members of the staff contracted an infectious disease, viz., 2 assistant medical officers, 4 assistant nurses, and 1 wardmaid. Of these, 1 assistant nurse died of enteric fever.

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(Signed) F. FOORD CAIGER,  
*Medical Superintendent.*

## No. 6.

### FOUNTAIN HOSPITAL.

TOOTING GROVE,  
TOOTING GRAVENY,  
*February 20th, 1901.*

**Statistics.** During the year 1900, the total number of patients under treatment was 2,001; all these were certified to be suffering either from scarlet fever or diphtheria, which diseases continued to be admitted to the hospital throughout the year.

1,283 patients were discharged recovered, 347 were transferred to convalescent hospitals, and 75 died.

The gross mortality, calculated on the Registrar-General's formula, was 4·39.

Of the 1,076 patients under treatment for scarlet fever, 21 died, the mortality being 2·37 per cent. 10 patients contracted diphtheria with the ordinary clinical features of the disease; 23 patients developed a muco-purulent discharge from the nose or other mucous surface, which proved on bacteriological examination to be of diphtherial origin. These patients did not manifest the usual clinical features of diphtheria, and the diagnosis rested on the bacteriological examination.

That diphtheria is associated with scarlet fever at the patients' own homes, and is not merely an accident of hospital treatment, is proved by the fact that 22 patients were suffering from both these diseases when they arrived at the hospital.

799 patients came under treatment for diphtheria, of whom 53 died. The mortality works out at 7.55 per cent. This is the lowest hitherto recorded at this hospital, and would doubtless be still lower if all our patients had come earlier under treatment. In nine instances, the disease was so advanced when the patients arrived at the hospital that they died within 48 hours of admission.

Tracheotomy was performed in 19 completed cases, with 4 deaths—a mortality of 21 per cent. The records of this hospital for the past five years show that this operation has been performed on 164 completed cases, with 49 deaths, giving a mortality rate of 29.8. Prior to this period the supply of antitoxin failed on several occasions, and its strength was not constant. It is not therefore surprising to find that in 1895, the year preceding this period, the tracheotomy results were much higher than in any succeeding year, amounting to 47.2 per cent.

During the year under review, antitoxin was administered in 80 per cent. of the cases.

The diagnosis of scarlet fever was incorrect in 43 cases, and of diphtheria in 79 cases, working out at 4.7 and 11.1 per cent. respectively on the admissions for the year. On the total admissions, the errors of diagnosis amounted to 7.1 per cent. These percentages are somewhat in excess of those for the previous year.

**Staff.** 129 members of the staff were warded during the year, of whom 3 contracted scarlet fever, 11 diphtheria, and the rest various minor disorders. Amongst them, however, I have to note one exception, that of Miss Maloney, an assistant sempstress, who, I regret to state, died from shock following perforation of a gastric ulcer.

Of the staff employed during the year, 38 were males and 237 females; 7 males and 68 females entered, and 8 males and 65 females left the service.

The average daily number of patients was 250, and the average daily number of staff was as follows: on the medical staff 4, on the nursing staff 91, on the other staff 105.

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(Signed) C. E. MATTHEWS,  
*Medical Superintendent.*

## No. 7.

### GROVE HOSPITAL.

TOOTING GROVE,  
TOOTING GRAVENY,

*February 5th, 1901.*

**Statistics.** The number of patients under treatment during the past year has been 1,799; of these, 1,140 were discharged recovered, 237 were transferred, and 140 died, leaving in hospital at the end of the year a total of 282. The gross mortality was 9.34 per cent.

The admissions included 489 cases of scarlet fever, 530 of diphtheria, 326 of enteric fever, 1 of typhus, and 133 suffering from other diseases.



Of the 489 cases of scarlet fever, 15 died, showing a mortality of 3·19 per cent. Of the 530 cases of diphtheria, 50 died, showing a mortality of 8·95 per cent. Antitoxin was given in 97·7 per cent. of the cases.

As regards enteric fever, 326 cases were admitted, and 52 deaths occurred, giving a case mortality of 15·38 per cent.

The original diagnosis was not confirmed in 155 of the 1,479 cases admitted.

The percentage of cases in which a different diagnosis was made subsequent to admission amounted to 4·4 in the case of scarlet fever patients, 9·9 in the case of diphtheria, and 18·7 in the case of enteric fever.

In view of the recent decision of the Managers to admit only cases of diphtheria and enteric fever to this hospital, it is important to observe that 17 cases of scarlet fever were admitted who were certified to be suffering from diphtheria, and 2 cases of diphtheria who were certified to be suffering from scarlet fever. The diagnosis in some of these cases is a matter of the greatest difficulty, and their true nature may only be recognised on the outbreak of a second disease in the ward to which they have been admitted. Some mistakes will always continue to occur, though the evil can be greatly minimised by the care and experience of the medical officer who is responsible for their admission.

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**Staff.**

Dr. Caiger returned to the South-Western Hospital on 13th January, and Miss West commenced her duties as matron on 24th May, on the return of Miss Wachter to the Hospital Ships.

(Signed) J. E. BEGGS,  
*Medical Superintendent.*

**No. 8.****SOUTH-EASTERN HOSPITAL.**

AVONLEY ROAD, S.E.,  
7th February, 1901.

**Statistics.**

During the past year, the total number of patients treated was 2,627, or 330 less than during 1899. Two wards remained closed during the greater part of the year; in the first half of the year from two to three of the general wards were closed in order to allow of the annual cleaning; in the second half, one ward was emptied and held in reserve for plague and one diphtheria ward was kept empty owing to lack of admissions of this disease. Three wards were closed between April 22nd and June 14th. At no time were more than three wards closed.

The highest number of patients in hospital at any one time was 374, on January 2nd; the lowest was 256, on August 18th. The daily average number was 311.

The total number of admissions was 2,256. Of these, 842 were suffering from

scarlet fever, 984 from diphtheria, 213 from enteric fever, and 217 from other diseases.

The deaths were 230, of which 34 occurred after scarlet fever, 147 after diphtheria, 23 after enteric, and 26 after other diseases.

Calculated on the Registrar-General's formula, the total case mortality was 10·10 per cent.; that for the respective diseases was, scarlet fever, 4·01; diphtheria, 14·62; enteric fever, 10·84; and other diseases, 12·03.

As compared with the figures for 1899 (see Annual Report, p. 65), there was a rise of almost 2 per cent. in the scarlet fever mortality, a fall of 2 per cent. in that of diphtheria, and a fall of almost 5 per cent. in that of enteric fever. The following table shows the admissions and deaths from each infectious disease with the mortality (calculated as a percentage on the admissions) for the five years which I have been at this hospital.

TABLE A.

Year.	Scarlet Fever.			Diphtheria.			Enteric Fever.			Typhus.		
	Admissions.	Deaths.	Mortality per cent.	Admissions.	Deaths.	Mortality per cent.	Admissions.	Deaths.	Mortality per cent.	Admissions.	Deaths.	Mortality per cent.
1896...	1,822	85	4·6	702	138	19·6	162	29	17·9	8	1	12·5
1897...	1,696	76	4·5	707	122	17·2	174	34	19·5	1	0	0·0
1898...	1,152	54	4·7	734	119	16·2	183	28	15·3	5	0	0·0
1899...	1,030	22	2·1	1,115	182	16·3	233	37	15·8	7	0	0·0
1900...	842	34	4·0	994	147	14·6	213	23	10·8	0	0	0·0

This table shows the steady progress in the admissions from diphtheria and corresponding decline in admissions from scarlet fever. The natural effect of this preponderance of diphtheria is to increase the yearly total number of deaths and the combined death rate for all diseases. However, the decline in fatality which has simultaneously taken place in diphtheria and enteric fever has had sufficient effect to almost neutralise the above tendency, and the gross mortality in hospital was only  $\frac{1}{2}$  per cent. higher in 1900 than in 1896 (10·17 against 9·57).

The decline in diphtheria mortality is due in part to a larger number of mild cases admitted.

The decline in the enteric fever death rate is probably in part due to the routine employment of cold-bath treatment. This was introduced in the autumn of 1898, and has been in regular use in the male enteric ward throughout the year. The mortality rate, 10·8, is lower than in any of the preceding four years. If the death rate between the two sexes be compared, the males admitted with this disease numbered 126, and the male deaths 11; whereas the females admitted numbered 87, and deaths 12. The death rate for males, among whom only the above treatment was employed, was thus 8·7 per cent., and that for females 13·8. While these figures are too small to exclude the possibility of accidental coincidence, they are amply sufficient to justify the continuance of the experiment.

The monthly admissions were highest in September, numbering 242; and lowest in July, numbering 147.



Of the various parishes from which patients were sent, Whitechapel heads the list with 372 admissions. More than half the admissions, 1,407, or 51 per cent., were taken from East-end districts.

Of the 290 cases certified on admission as enteric fever, 77, or 26·5 per cent., were differently diagnosed in hospital; 887 cases were sent in as scarlet fever, of which 45, or 5 per cent., were differently diagnosed here; 1,078 cases were sent in as diphtheria, of which 94, or 8·7 per cent., were otherwise diagnosed here. The one patient admitted who was certified to be suffering from typhus was found not to have that disease.

Of diseases contracted in hospital, there was a great decline in post-scarlatinal diphtheria. Only one case appears in the statistical tables. There were, however, during November and December, outbreaks in three of the scarlet fever wards, and in two of these the outbreaks were continued into January. However, the cases all remained in hospital over the new year; and since the annexed tables are compiled from completed cases only, they do not appear in them. I regret, however, to report that the amount of scarlet fever contracted on the diphtheria side has increased, being 81 cases, as against 66 in 1898.

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**Staff Illness.** There have occurred among the staff 21 cases of infectious disease, all ending in recovery. The majority of the other cases were of a slight nature, and include a large number of cases of tonsillitis, anæmia, and dyspepsia. I have not found any marked improvement in the health of the staff since the introduction of a medical examination on appointment.

(Signed) F. M. TURNER,  
*Medical Superintendent.*

### No. 9.

PARK HOSPITAL.—No report.

### No. 10.

BROOK HOSPITAL.

SHOOTERS HILL, KENT,  
*February 19th, 1901.*

**Statistics.** The total number of cases treated was 2,817. Of these, 1,928 were discharged recovered, 343 were transferred to other hospitals of the Board, and 150 died. There remained under treatment on December 31st, 396 patients.

**Scarlet Fever.** The number of cases treated was 1,463. Of these, 958 were discharged recovered, 237 were transferred, and 30 died. The mortality was therefore 2·49 per cent.

**Diphtheria.** The number of cases treated was 1,041. Of these, 738 were discharged recovered, 106 were transferred, and 91 died. The mortality was therefore 10·04 per cent. There were 25 hæmorrhagic cases, and 11 died within

24 hours of admission. Tracheotomy was performed on 43 patients, of whom 13 died ; therefore 69·8 per cent. of these operated on recovered.

Antitoxin Treatment.

Of 935 completed cases, 861 were treated with antitoxin. The following table shows the results of the antitoxin treatment with special reference to the day of disease on which the treatment began :—

BROOK HOSPITAL. DIPHTHERIA, 1900.

AGES.	DAY OF DISEASE ON WHICH TREATMENT BEGAN.										TOTAL.		Mortality per cent.
	1st.		2nd.		3rd.		4th.		5th. and upwards.				
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
Under 1 ... ..	0	0	4	0	5	1	3	0	6	1	18	2	11·1
1 to 2 ... ..	3	0	9	0	10	1	8	2	13	8	43	11	25·5
2 to 3 ... ..	2	0	28	1	21	3	10	1	18	7	79	12	15·2
3 to 4 ... ..	4	0	35	2	23	1	14	3	19	5	95	11	12·5
4 to 5 ... ..	5	0	28	2	37	3	21	6	19	7	110	18	16·3
5 to 10 ... ..	9	0	70	4	73	4	65	11	64	9	281	28	9·9
10 to 15 ... ..	6	0	50	0	36	3	24	1	16	0	132	4	3·0
15 to 20 ... ..	0	0	14	0	12	0	6	1	4	1	36	2	5·5
20 and upwards	2	0	11	0	21	0	10	0	16	0	60	0	0·0
Total ... ..	31	0	249	9	238	16	161	25	175	38	854	88	...
Mortality per cent. ... }	0·0		3·6		6·7		14·9		21·2		10·2		...

For the purpose of comparison I give the results of the antitoxin treatment here for the four years 1897, 1898, 1899, 1900 :—

						1897.	1898.	1899.	1900.
Of cases treated on 1st day of disease the mortality per cent. was						0·0	0·0	0·0	0·0
„	„	„	2nd	„	„	5·4	5·0	3·8	3·6
„	„	„	3rd	„	„	11·5	14·3	12·2	6·7
„	„	„	4th	„	„	19·0	18·1	20·0	14·9
„	„	„	5th day and after	„	„	21·0	22·5	20·4	21·2

For four consecutive years therefore there has not been a death among the cases that came under treatment on the first day of disease. This shows the paramount importance of beginning the treatment at the earliest possible time after the onset of diphtheria.

Enteric Fever.

The number of cases treated was 205. Of these, 145 were discharged recovered, and 14 died. The mortality was therefore 8·33 per cent., an unusually low death rate.

Illness of Staff.

(a) Infectious disease.—12 officers contracted scarlet fever, 14 contracted diphtheria, 2 contracted enteric fever, 4 contracted measles, 1 contracted chickenpox, and 23 influenza. All recovered. (b) Other diseases.—165 officers were warded with various ailments. All recovered.

(Signed) JOHN MACCOMBIE,  
Medical Superintendent.



## No. 11.

## NORTHERN HOSPITAL.

WINCHMORE HILL, N.,

February 1st, 1901.

**Statistics.** The total number of patients treated during the year was 3,264. Of these, 550 were in the hospital at the end of 1899, and 2,714 were admitted during 1900; 2,700 were discharged, and 2 died; 562 remaining under treatment at the end of the year.

Of the admissions, 2,235 were scarlet fever and 479 diphtheria cases. The total mortality was 0·74, that of scarlet fever being 0·22, and of diphtheria *nil*.

The incidence of complications and of intercurrent disease was less than in the preceding year. 113 cases of post-scarlatinal diphtheria were completed, with no deaths.

**Works.** The electric installation was completed in January, and from March 25th, since which date accounts have been accurately kept, electricity, as compared with gas, has proved to be not only superior in every way as an illuminant, but also the more economical of the two.

\* \* \* \* \*

**Staff Illness.** 90 members of the staff have been incapacitated, for varying periods, from duty by illness. Among these, Dr. Hague, senior assistant medical officer, suffered from a severe and prolonged attack of *angina ludovici* during the last three months of the year.

2 assistant nurses and 1 wardmaid contracted scarlet fever, and 1 assistant nurse and 3 housemaids diphtheria. All recovered.

(Signed) F. N. HUME,  
Medical Superintendent.

## No. 12.

## GORE FARM HOSPITAL.

DARENTH, NEAR DARTFORD, KENT,

February 19th, 1901.

**Statistics.** During the year 1900 there were 3,220 patients treated in the hospital. Of these, 2,721 were discharged recovered, and 5 were transferred to other hospitals. There remained 494 under treatment at the end of the year. Throughout the year there was no death. During the years 1896 to 1899 inclusive the hospital has shown a low average mortality rate, but that the mortality rate during last year should have been reduced to *nil* is a matter for congratulation, inasmuch as, I believe, a record has been created in a convalescent

fever institution comparable in size to this. While being aware of the suitability of the site of the hospital and the many other factors which tend to the reduction of mortality, I again wish to emphasise the importance of all convalescent fever patients being carefully and warmly clad, and I have to thank you for the support you have given to this policy.

The number of scarlet fever patients under treatment was 2,575. Of these, 2,063 were transferred here from other hospitals of the Board, 508 remained over from 1899, and 4 were admitted from Dartford and its surrounding district. Of the numbers treated, 2,156 were discharged recovered, 3 were transferred to other hospitals of the Board, and 416 remained under treatment at the end of the year.

The number of diphtheria patients treated was 645. Of these, 561 were transferred here from other hospitals of the Board, and 84 remained over from 1899. Of the number treated, 565 were discharged recovered, and 78 remained under treatment at the end of the year.

There were 85 completed cases of post-scarlatinal diphtheria.

(Signed)      FREDERIC THOMSON,  
*Medical Superintendent.*

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FEVER STATISTICS.—TABLE I.—

EASTERN HOSPITAL.											
DISEASES.	Remain- ing on Dec. 31st, 1899.	Admitted during 1900.		Total under treatment during 1900.	Discharged during 1900.		Died during 1900.	Mortality per cent.	Remain- ing on Dec. 31st, 1900.		
		Direct from homes.	From other Hospitals of Board.		Re- covered.	To other Hospitals of Board.					
Scarlet ... ..	95	270	2	367	160	174	25	7·92	8		
Diphtheria ... ..	190	1,436	7	1,633	847	359	200	14·04	227		
Enteric ... ..	45	201	...	246	180	...	34	16·38	32		
Typhus ... ..	...	3	...	3	3	...	...	...	...		
	330	1,910	9	2,249	1,190	533	259	13·27	267		
Other diseases ... ..	12	252	...	264	217	...	28	11·28	19		
Totals ... ..	342	2,162	9	2,513	1,407	533	287	...	286		
NORTH-EASTERN HOSPITAL.											
Scarlet ... ..	334	1,715	34	2,083	1,362	394	39	2·20	288		
Diphtheria ... ..	1	13	...	14	10	...	3	23·07	1		
Enteric ... ..	2	3	...	5	5	...	...	...	...		
Typhus ... ..	...	...	...	...	...	...	...	...	...		
	337	1,731	34	2,102	1,377	394	42	2·35	289		
Other diseases ... ..	10	110	...	120	103	...	5	4·58	12		
Totals ... ..	347	1,841	34	2,222	1,480	394	47	...	301		
NORTH-WESTERN HOSPITAL.											
Scarlet ... ..	219	1,410	1	1,630	502	935	47	3·24	146		
Diphtheria ... ..	100	772	1	873	680	...	114	14·55	79		
Enteric ... ..	52	320	...	372	270	...	56	17·33	46		
Typhus ... ..	...	...	...	...	...	...	...	...	...		
	371	2,502	2	2,875	1,452	935	217	8·49	271		
Other diseases ... ..	12	182	...	194	158	...	31	16·75	5		
Totals ... ..	383	2,684	2	3,069	1,610	935	248	...	276		
WESTERN HOSPITAL.											
Scarlet ... ..	220	1,353	...	1,573	575	744	42	3·09	212		
Diphtheria ... ..	139	882	...	1,021	691	119	100	11·16	111		
Enteric ... ..	58	154	...	212	155	...	16	9·84	41		
Typhus ... ..	...	...	...	...	...	...	...	...	...		
	417	2,389	...	2,806	1,421	863	158	6·54	364		
Other diseases ... ..	3	173	...	176	152	1	12	7·10	11		
Totals ... ..	420	2,562	...	2,982	1,573	864	170	...	375		
SOUTH-WESTERN HOSPITAL.											
Scarlet ... ..	193	822	1	1,016	723	99	21	2·52	173		
Diphtheria ... ..	88	602	...	690	500	55	69	11·27	66		
Enteric ... ..	22	96	...	118	85	...	15	15·30	18		
Typhus ... ..	...	...	...	...	...	...	...	...	...		
	303	1,520	1	1,824	1,308	154	105	6·80	257		
Other diseases ... ..	5	91	...	96	77	...	10	11·23	9		
Totals ... ..	308	1,611	1	1,920	1,385	154	115	...	266		
FOUNTAIN HOSPITAL.											
Scarlet ... ..	180	896	...	1,076	560	288	21	2·37	207		
Diphtheria ... ..	106	693	...	799	598	59	53	7·55	89		
	286	1,589	...	1,875	1,158	347	74	4·67	296		
Other diseases ... ..	4	122	...	126	125	...	1	·80	...		
Totals ... ..	290	1,711	...	2,001	1,283	347	75	...	296		
GROVE HOSPITAL.											
Scarlet ... ..	55	489	...	544	219	217	15	3·19	93		
Diphtheria ... ..	145	530	...	675	519	20	50	8·95	86		
Enteric ... ..	109	326	...	435	298	...	52	15·38	85		
Typhus ... ..	...	1	...	1	...	...	1	100·00	...		
	309	1,346	...	1,655	1,036	237	118	8·62	264		
Other diseases ... ..	11	133	...	144	104	...	22	17·05	18		
Totals ... ..	320	1,479	...	1,799	1,140	237	140	...	282		



Admissions, Discharges, and Deaths during 1900.

SOUTH-EASTERN HOSPITAL.											
DISEASES.	Remain- ing on Dec. 31st, 1899.	Admitted during 1900.		Total under treatment during 1900.	Discharged during 1900.		Died during 1900.	Mortality per cent.	Remain- ing on Dec. 31st, 1900.		
		Direct from homes.	From other Hospitals of Board.		Re- covered.	To other Hospitals of Board.					
Scarlet ... ..	140	842	...	982	438	378	34	4·01	132		
Diphtheria ... ..	184	984	...	1,168	688	182	147	14·62	151		
Enteric ... ..	33	213	...	246	189	...	23	10·84	34		
Typhus ... ..	1	...	...	1	1	...	...	...	...		
Other diseases ... ..	358	2,039	...	2,397	1,316	560	204	9·90	317		
	13	216	1	230	189	...	26	12·03	15		
Totals ... ..	371	2,255	1	2,627	1,505	560	230	...	332		
PARK HOSPITAL.											
Scarlet ... ..	199	1,356	1	1,556	562	866	37	2·62	91		
Diphtheria ... ..	262	1,084	...	1,346	937	140	161	13·86	108		
Enteric ... ..	34	237	...	271	179	...	35	15·52	57		
Typhus ... ..	...	...	...	...	...	...	...	...	...		
Other Diseases ... ..	495	2,677	1	3,173	1,678	1,006	233	8·31	256		
	8	322	...	330	293	...	17	5·37	20		
Totals ... ..	503	2,999	1	3,503	1,971	1,006	250	...	276		
BROOK HOSPITAL.											
Scarlet ... ..	276	1,186	1	1,463	958	237	30	2·49	238		
Diphtheria ... ..	163	877	1	1,041	738	106	91	10·04	106		
Enteric ... ..	27	178	...	205	145	...	14	8·33	46		
Typhus ... ..	...	...	...	...	...	...	...	...	...		
Other diseases ... ..	466	2,241	2	2,709	1,841	343	135	5·91	390		
	3	105	...	108	87	...	15	14·56	6		
Totals ... ..	469	2,346	2	2,817	1,928	343	150	...	396		
NORTHERN HOSPITAL.											
Scarlet ... ..	472	...	2,235	2,707	2,221	3	2	0·22	481		
Diphtheria ... ..	78	...	479	557	469	7	...	...	81		
Other diseases ... ..	550	...	2,714	3,264	2,690	10	2	0·74	562		
	...	...	...	...	...	...	...	...	...		
Totals ... ..	550	...	2,714	3,264	2,690	10	2	...	562		
GORE FARM HOSPITAL.											
Scarlet ... ..	508	4	2,063	2,575	2,156	3	...	...	416		
Diphtheria ... ..	84	...	561	645	565	2	...	...	78		
Other diseases ... ..	592	4	2,624	3,220	2,721	5	...	...	494		
	...	...	...	...	...	...	...	...	...		
Totals ... ..	592	4	2,624	3,220	2,721	5	...	...	494		
SUMMARY.											
Scarlet ... ..	2,891	10,343	4,338	13,234	10,436	4,338	313	2·97	2,485		
Diphtheria ... ..	1,540	7,873	1,049	9,413	7,242	1,049	988	12·27	1,183		
Enteric ... ..	382	1,728	...	2,110	1,506	...	245	14·09	359		
Typhus ... ..	1	4	...	5	4	...	1	22·23	...		
Totals ... ..	4,814	19,948	5,387	24,762	19,188	5,387	1,547	7·58	4,027		
	81	1,706	1	1,787	1,505	1	167	9·90	115		
Grand Totals ..	4,895	21,654	5,388	26,549	20,693	5,388	1,714	...	4,142		

NOTES.—The mortalities returned as above include all deaths occurring from intercurrent diseases, particulars of which will be found in the annual reports of the medical superintendents.  
The mortality rates are calculated according to the Registrar-General's Formula—i.e., by dividing the deaths, multiplied by 100, by half the sum of the admissions, discharges, and deaths for the year.  
† Six cases certified enteric and one case certified diphtheria in hospital on 31st December, 1899, were subsequently diagnosed as other diseases.







APPENDIX I.—INFECTIOUS DISEASES. FEVER STATISTICS, 1900.  
 FEVER STATISTICS.—TABLE II.—*Monthly Admissions, Discharges, and Deaths during 1900.*

EASTERN HOSPITAL.														SOUTH-WESTERN HOSPITAL.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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	Scarlet.			Diphtheria.			Enteric.		Typhus.		Other Diseases.		Total Admissions.	Total Deaths.	Recovered.			To other Hospitals of Board.			Scarlet.			Diphtheria.			Enteric.		Typhus.		Other Diseases.		Total Admissions.	Total Deaths.	Recovered.			To other Hospitals of Board.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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January	39	1	6	84	1	19	13	6	...	...	16	3	154	34	49	55	23	...	10	137	8	19	...	...	...	27	January	49	1	1	55	...	8	10	...	...	5	...	...	120	9	107	64	19	...	1	191	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...





APPENDIX I.—INFECTIOUS DISEASES. FEVER STATISTICS, 1900.  
 FEVER STATISTICS.—TABLE II. (continued)—Monthly Admissions, Discharges, and Deaths during 1900.

PARK HOSPITAL.																								
MONTH.	ADMISSIONS AND DEATHS.												DISCHARGES.											
	Scarlet.		Diphtheria.		Enteric.		Typhus.		Other Diseases.		Total Admissions.	Total Deaths.	Recovered.						To other Hospitals of Board.					
	Admissions.		Deaths.		Admissions.		Deaths.		Admissions.				Deaths.		Admissions.		Deaths.		Admissions.		Deaths.			
	Direct.	Transfers.																						
January	96	...	3	165	...	35	16	...	...	14	1	291	39	99	132	17	...	13	261	62	13	...	...	75
February	81	...	3	115	...	20	16	...	...	13	2	225	23	47	119	16	...	11	193	40	11	...	...	51
March	110	...	3	93	...	16	9	1	...	24	...	236	20	44	120	12	...	20	196	71	11	...	...	82
April	95	...	2	87	...	15	12	3	...	18	...	212	20	20	88	17	...	20	145	66	11	...	...	77
May	114	...	3	111	...	10	7	1	...	39	2	271	16	28	73	6	...	19	126	99	30	...	...	129
June	138	1	3	85	...	9	5	2	...	35	3	264	17	28	69	11	...	41	149	63	...	...	...	63
July	155	...	8	84	...	8	4	...	...	45	2	288	18	56	98	5	...	51	210	86	...	...	...	86
August	89	...	2	53	...	10	13	1	...	25	1	180	14	63	51	5	...	24	143	31	...	...	...	31
September	114	...	5	70	...	7	28	6	...	23	...	235	18	69	71	5	...	27	172	65	...	...	...	65
October	175	...	1	76	...	11	34	4	...	32	2	317	18	27	50	11	...	21	109	96	17	...	...	113
November	112	...	...	80	...	10	62	10	...	25	1	279	21	38	23	30	...	26	117	116	28	...	...	144
December	77	...	4	65	...	10	31	7	...	29	3	202	24	43	43	44	...	20	150	71	19	...	...	90
Totals	1,356	1	37	1,084	...	161	237	35	...	322	17	3,000	250	562	937	179	...	293	1,971	866	140	...	...	1,006

GORE FARM HOSPITAL.																									
MONTH.	ADMISSIONS AND DEATHS.												DISCHARGES.												
	Scarlet.		Diphtheria.		Enteric.		Typhus.		Other Diseases.		Total Admissions.	Total Deaths.	Recovered.						To other Hospitals of Board.						
	Admissions.		Deaths.		Admissions.		Deaths.		Admissions.				Deaths.		Admissions.		Deaths.		Admissions.		Deaths.				
	Direct.	Transfers.																							
January	1	155	...	...	52	...	...	...	...	...	208	...	351	78	...	...	...	...	...	429	1	...	...	...	1
February	...	58	...	...	38	...	...	...	...	...	96	...	183	63	...	...	...	...	...	246	...	...	...	...	...
March	...	147	...	...	18	...	...	...	...	...	165	...	113	42	...	...	...	...	...	155	...	...	...	...	...
April	...	143	...	...	29	...	...	...	...	...	172	...	112	21	...	...	...	...	...	133	...	...	...	...	...
May	...	200	...	...	65	...	...	...	...	...	265	...	155	35	...	...	...	...	...	190	...	...	...	...	...
June	...	127	...	...	25	...	...	...	...	...	152	...	182	36	...	...	...	...	...	218	1	...	...	...	1
July	...	135	...	...	25	...	...	...	...	...	160	...	143	43	...	...	...	...	...	186	...	...	...	...	...
August	...	116	...	...	23	...	...	...	...	...	139	...	113	21	...	...	...	...	...	134	...	...	...	...	...
September	...	159	...	...	47	...	...	...	...	...	206	...	141	22	...	...	...	...	...	163	...	...	...	...	...
October	...	300	...	...	83	...	...	...	...	...	383	...	155	45	...	...	...	...	...	200	...	...	...	...	...
November	3	333	...	...	112	...	...	...	...	...	448	...	206	67	...	...	...	...	...	273	1	2	...	...	3
December	...	190	...	...	44	...	...	...	...	...	234	...	302	92	...	...	...	...	...	394	...	...	...	...	...
Totals	4	2,063	...	...	561	...	...	...	...	...	2,628	...	2,156	565	...	...	...	...	...	2,721	3	2	...	...	5

BROOK HOSPITAL.																								
January	113	...	3	84	...	6	15	2	...	8	2	220	13	89	27	15	...	4	135	26	23	...	...	49
February	79	...	4	72	...	9	14	3	...	6	...	171	16	84	73	14	...	5	176	...	...	...	...	...
March	98	...	1	79	...	13	14	...	...	5	1	196	15	116	80	8	...	7	211	36	...	...	...	36
April	101	...	5	62	...	8	5	1	...	4	1	172	15	86	70	13	...	2	171	36	2	...	...	38
May	105	...	1	74	...	5	7	1	...	15	3	201	10	65	84	10	...	5	164	31	17	...	...	48
June	86	...	2	53	...	4	4	...	...	5	...	148	6	68	35	9	...	11	123	10	3	...	...	13
July	91	...	1	60	...	4	4	1	...	7	...	162	6	103	55	4	...	2	164	...	6	...	...	6
August	42	...	2	61	...	5	19	...	...	3	...	125	7	65	72	6	...	11	154	...	...	...	...	...
September	101	...	1	75	...	11	16	2	...	18	3	210	17	74	58	7	...	3	142	...	6	...	...	6
October	134	...	4	109	...	12	36	2	...	18	1	297	19	63	51	15	...	16	145	20	20	...	...	40
November	140	1	3	83	1	6	24	1	...	10	3	259	13	82	44	15	...	10	151	40	29	...	...	69
December	96	...	3	65	...	8	20	1	...	6	1	187	13	63	89	29	...	11	192	38	...	...	...	38
Totals	1,186	1	30	877	1	91	178	14	...	105	15	2,348	150	958	738	145	...	87	1,928	237	106	...	...	343

SUMMARY.																									
January	782	309	24	785	90	136	147	24	...	115	...	16	1,829	200	1,417	706	231	1	88	2,443	310	89	...	...	399
February	602	170	25	591	70	109	148	28	1	111	...	9	1,453	171	862	645	132	...	90	1,729	170	69	...	...	239
March	681	273	19	593	32	99	118	19	...	147	...	16	1,539	153	922	692	120	...	140	1,874	273	31	...	1	305
April	687	265	28	580	60	47	81	17	...	127	...	10	1,425	102	669	574	127	...	105	1,475	275	54	...	...	329
May	829	336	18	701	84	77	76	6	1	178	...	17	1,785	118	730	537	92	2	125	1,486	326	84	...	...	410
June	816	301	36	563	52	80	59	9	...	160	...	18	1,598	143	735	499	79	...	171	1,484	301	75	...	...	376
July	866	327	23	717	58	60	59	7	...	163	...	14	1,805	104	814	611	69	...	138	1,632	327	58	...	...	385
August	644	240	17	541	74	58	117	10	...	119	...	11	1,421	96	769	567	64	...	141	1,541	240	74	...	...	314
September	1,057	279	21	677	72	78	232	24	1	132	...	14	2,119	137	775	541	69	1	112	1,498	288	72	...	...	360
October	1,367	701	35	852	160	97	236	34	...	153	...	12	2,608	178	723	538	104	...	115	1,480	691	154	...	...	845
November	1,105	663	31	721	185	72	245	36	1	156	1	17	2,228	157	938	548	199	...	136	1,821	673	179	...	...	852
December	907	474	36	602	112	75	190	31	...	145	...	13	1,844	155	1,08										





APPENDIX I.—INFECTIOUS DISEASES. FEVER STATISTICS, 1900.

FEVER STATISTICS—TABLE III.—*Admissions and Deaths of Patients during 1900, divided according to Parishes and Unions.*

[illegible]











and Deaths during 1900, divided according to Age and Sex.

AGES.	MALES.		FEMALES.		TOTAL.			MALES.		FEMALES.		TOTAL.			MALES.		FEMALES.		TOTAL.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Direct Admissions.	Of Transferred Cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Direct Admissions.	Of Transferred Cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Direct Admissions.	Of Transferred Cases.
Under 1	6	2	2	...	8	2	...	5	1	3	1	8	2	...	...	...	...	...	...	...	...
1 to 2	23	3	16	5	39	8	...	19	...	8	...	27	...	...	...	...	...	...	...	...	...
2 to 3	34	6	38	2	72	8	...	38	5	35	1	73	6	...	...	...	...	...	...	...	...
3 to 4	73	...	55	2	128	2	...	52	4	42	6	94	10	...	...	...	...	...	...	...	...
4 to 5	62	1	72	3	134	4	...	57	4	62	2	119	6	...	...	...	...	...	...	...	...
5 to 10	271	4	289	4	560	8	...	184	3	247	2	431	5	1	...	...	...	...	...	...	...
10 to 15	150	1	117	1	267	2	...	116	1	118	...	234	1	...	...	...	...	...	...	...	...
15 to 20	55	2	36	...	91	2	...	60	...	43	...	103	...	...	...	...	...	...	...	...	...
20 to 25	14	...	16	...	30	...	...	35	...	21	...	56	...	...	...	...	...	...	...	...	...
25 to 30	6	1	9	...	15	1	...	19	...	5	...	24	...	...	...	...	...	...	...	...	...
30 to 35	2	...	2	...	4	...	...	4	...	7	...	11	...	...	...	...	...	...	...	...	...
35 to 40	2	...	3	...	5	...	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...
40 to 45	2	...	1	...	3	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...
45 to 50	...	...	...	...	...	...	...	1	...	1	...	2	...	...	...	...	...	...	...	...	...
50 to 55	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
55 to 60	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
And upwards	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals...	700	20	656	17	1,356	37	...	591	18	595	12	1,186	30	...	...	2	...	...	...	...	...

SUMMARY.

Under 1	40	8	42	6	82	14	...
1 to 2	190	24	141	24	331	48	...
2 to 3	354	32	321	23	675	55	...
3 to 4	471	26	462	30	933	56	...
4 to 5	520	28	513	21	1,033	49	...
5 to 10	1,842	23	2,159	31	4,001	54	...
10 to 15	944	11	943	7	1,887	18	...
15 to 20	408	5	317	1	725	6	...
20 to 25	203	5	160	1	363	6	...
25 to 30	86	5	78	1	164	6	...
30 to 35	46	...	34	...	80	...	...
35 to 40	23	1	21	...	44	1	...
40 to 45	8	...	8	...	16	...	...
45 to 50	2	...	3	...	5	...	...
50 to 55	...	...	2	...	2	...	...
55 to 60	...	...	1	...	1	...	...
And upwards	1	...	...	...	1	...	...
Grand Totals	5,138	168	5,205	145	10,343	313	...



## APPENDIX I.—INFECTIOUS DISEASES.

FEVER STATISTICS.—TABLE V.—*Diphtheria Admissions*

AGES.	EASTERN HOSPITAL.					NORTH-EASTERN HOSPITAL.					NORTH-WESTERN HOSPITAL.					WESTERN HOSPITAL.				
	MALES.		FEMALES.		TOTAL.	MALES.		FEMALES.		TOTAL.	MALES.		FEMALES.		TOTAL.	MALES.		FEMALES.		TOTAL.
	Admitted.	Died.	Admitted.	Died.		Admitted.	Died.	Admitted.	Died.		Admitted.	Died.	Admitted.	Died.		Admitted.	Died.	Admitted.	Died.	
Under 1	16	7	16	5	32	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1 to 2	54	13	47	9	101	22	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2 to 3	70	15	81	21	151	36	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3 to 4	84	14	90	17	174	31	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4 to 5	86	13	105	14	191	27	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 to 10	229	24	286	37	515	61	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10 to 15	53	3	80	6	133	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...
15 to 20	22	...	35	...	57	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
20 to 25	13	1	22	...	35	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
25 to 30	7	...	14	1	21	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
30 to 35	5	...	6	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
35 to 40	3	...	7	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
40 to 45	1	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
45 to 50	2	...	1	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
50 to 55	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
55 to 60	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
And upwards	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals...	645	90	791	110	1,436	200	...	...	...	...	...	...	...	...	...	...	...	...	...	...

SOUTH-WESTERN HOSPITAL.					FOUNTAIN HOSPITAL.					GROVE HOSPITAL.					SOUTH-EASTERN HOSPITAL.					
Under 1	6	...	6	3	12	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1 to 2	14	1	16	3	30	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2 to 3	22	4	34	8	56	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3 to 4	32	7	31	6	63	13	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4 to 5	40	5	29	4	69	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 to 10	101	5	101	17	202	22	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10 to 15	25	3	44	2	69	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...
15 to 20	25	...	14	...	39	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
20 to 25	11	...	16	...	27	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
25 to 30	7	...	7	...	14	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
30 to 35	4	...	7	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
35 to 40	2	...	3	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
40 to 45	...	...	1	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
45 to 50	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
50 to 55	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
55 to 60	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
And upwards	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...



*and Deaths during 1900, divided according to Age and Sex.*

AGES.	PARK HOSPITAL.					BROOK HOSPITAL.					NORTHERN HOSPITAL.					GORE FARM HOSPITAL.					
	MALES.		FEMALES.		TOTAL.	MALES.		FEMALES.		TOTAL.	MALES.		FEMALES.		TOTAL.	MALES.		FEMALES.		TOTAL.	
	Admitted.	Died.	Admitted.	Died.		Admitted.	Died.	Admitted.	Died.		Admitted.	Died.	Admitted.	Died.		Admitted.	Died.	Admitted.	Died.		Admitted.
Under 1	12	5	8	20	8	20	5	6	2	11	2	11	6	2	11	2	11	6	2	11	2
1 to 2	35	11	15	62	15	42	20	22	5	42	5	42	22	5	42	5	42	22	5	42	5
2 to 3	49	12	25	97	25	77	41	36	5	77	5	77	41	5	77	5	77	41	5	77	5
3 to 4	69	10	22	126	22	89	48	41	5	89	5	89	48	5	89	5	89	48	5	89	5
4 to 5	90	18	30	160	30	102	40	62	9	102	9	102	40	9	102	9	102	40	9	102	9
5 to 10	183	27	51	387	51	311	136	175	18	311	18	311	136	18	311	18	311	136	18	311	18
10 to 15	76	5	9	143	9	125	72	53	3	125	3	125	72	3	125	3	125	72	3	125	3
15 to 20	22	..	1	44	1	48	32	16	1	48	1	48	32	1	48	1	48	32	1	48	1
20 to 25	6	..	..	14	..	32	18	14	..	32	..	32	18	..	32	..	32	18	..	32	..
25 to 30	5	..	..	8	..	18	8	10	..	18	..	18	8	..	18	..	18	8	..	18	..
30 to 35	2	..	..	10	..	5	3	5	..	5	..	5	3	..	5	..	5	3	..	5	..
35 to 40	4	..	..	8	..	8	1	4	..	8	..	8	1	..	8	..	8	1	..	8	..
40 to 45	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45 to 50	..	..	..	3	..	2	..	1	..	2	..	2	1	..	2	..	2	1	..	2	..
50 to 55	..	..	..	1	..	1	..	..	..	1	..	1	..	..	1	..	1	..	..	1	..
55 to 60	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards	..	..	..	..	..	1	..	1	..	1	..	1	..	..	1	..	1	..	..	1	..
Totals...	553	88	161	1,084	161	877	426	451	48	877	48	877	426	451	48	877	426	451	48	877	426

AGES.	PARK HOSPITAL.		BROOK HOSPITAL.		NORTHERN HOSPITAL.		GORE FARM HOSPITAL.	
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Under 1	74	19	64	25	138	44	..	..
1 to 2	245	70	202	46	447	116	..	..
2 to 3	357	78	378	86	735	164	..	..
3 to 4	463	74	476	74	939	148	..	..
4 to 5	485	69	505	80	990	149	..	..
5 to 10	1,276	132	1,546	171	2,822	303	..	..
10 to 15	418	25	491	24	909	49	..	..
15 to 20	187	5	183	3	370	8	..	..
20 to 25	87	2	126	1	213	3	..	..
25 to 30	51	..	83	2	134	2	..	..
30 to 35	32	1	51	1	83	2	..	..
35 to 40	18	..	34	..	52	..	..	..
40 to 45	4	..	16	..	20	..	..	..
45 to 50	5	..	10	..	15	..	..	..
50 to 55	2	..	2	..	4	..	..	..
55 to 60	..	..	1	..	1	..	..	..
And upwards	..	..	1	..	1	..	..	..
Grand Totals	3,704	475	4,169	513	7,873	988	..	..



## APPENDIX I.—INFECTIOUS DISEASES.

FEVER STATISTICS—TABLE VI.—*Enteric Fever*

AGES.	EASTERN HOSPITAL.						NORTH-EASTERN HOSPITAL.						NORTH-WESTERN HOSPITAL.						WESTERN HOSPITAL.							
	MALES.		FEMALES.		TOTAL.		MALES.		FEMALES.		TOTAL.		MALES.		FEMALES.		TOTAL.		MALES.		FEMALES.		TOTAL.			
	Admitted.	Died.	Admitted.	Died.	Of Direct Admissions.	Of Transferred Cases.	Admitted.	Died.	Admitted.	Died.	Of Direct Admissions.	Of Transferred Cases.	Admitted.	Died.	Admitted.	Died.	Of Direct Admissions.	Of Transferred Cases.	Admitted.	Died.	Admitted.	Died.	Of Direct Admissions.	Of Transferred Cases.		
Under 5	7	...	4	...	11	...	...	...	1	...	...	...	9	...	4	...	13	...	3	...	2	...	5	...		
5 to 10	14	...	18	...	32	...	...	...	1	...	...	...	26	3	11	...	37	...	13	...	6	...	19	...		
10 to 15	23	1	10	1	33	...	...	...	...	...	...	...	42	4	22	2	64	...	23	...	9	...	32	...		
15 to 20	18	5	14	3	32	...	...	...	...	...	...	...	28	7	16	2	44	...	14	...	11	2	25	...		
20 to 25	15	4	15	4	30	...	...	...	...	...	...	...	25	11	19	3	44	...	14	...	6	...	20	...		
25 to 30	12	7	6	1	18	...	...	...	...	...	...	...	27	8	8	1	35	...	14	...	6	1	20	...		
30 to 35	10	1	9	2	19	...	...	...	...	...	...	...	25	6	10	3	35	...	6	...	3	...	9	...		
35 to 40	7	1	6	1	13	...	...	...	...	...	...	...	16	2	11	2	27	...	7	...	7	...	14	...		
40 to 45	2	...	1	...	3	...	...	...	...	...	...	...	6	1	3	...	9	...	6	...	...	...	6	...		
45 to 50	2	...	4	...	6	...	...	...	...	...	...	...	2	...	4	...	6	...	1	...	1	...	2	...		
50 to 55	2	1	2	...	4	...	...	...	...	...	...	...	...	...	4	1	4	...	1	...	1	...	2	...		
55 to 60	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
And upwards	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Totals...	112	20	89	14	201	34	...	...	3	...	...	...	206	42	114	14	320	56	...	102	13	52	3	154	16	...
SOUTH-WESTERN HOSPITAL.																										
Under 5	1	...	1	...	2	...	...	...	...	...	...	...	10	...	1	...	17	...	6	...	4	...	10	...	...	...
5 to 10	6	...	9	...	15	...	...	...	...	...	...	...	14	1	22	2	36	...	20	1	10	...	30	1	...	...
10 to 15	11	2	11	2	22	4	...	...	...	...	...	...	25	2	45	4	70	11	...	32	2	22	1	54	2	...
15 to 20	9	2	7	...	16	2	...	...	...	...	...	...	31	7	31	4	62	...	21	1	19	1	40	2	...	...
20 to 25	15	3	3	...	18	3	...	...	...	...	...	...	19	4	17	1	36	5	...	15	2	13	2	28	4	...
25 to 30	3	2	4	1	7	2	...	...	...	...	...	...	27	9	16	2	43	...	12	1	7	1	19	2	...	...
30 to 35	4	...	4	...	8	1	...	...	...	...	...	...	15	4	12	2	27	...	10	3	7	4	17	2	...	...
35 to 40	2	1	3	...	5	2	...	...	...	...	...	...	9	2	9	1	18	...	9	...	2	1	11	2	...	...
40 to 45	1	...	1	...	2	...	...	...	...	...	...	...	2	2	3	...	5	...	1	...	1	1	2	1	...	...
45 to 50	...	...	...	...	...	...	...	...	...	...	...	...	3	1	2	...	5	...	...	...	...	...	...	...	...	...
50 to 55	...	...	...	...	...	...	...	...	...	...	...	...	3	1	2	...	5	...	...	...	...	...	...	...	...	...
55 to 60	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
And upwards	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals...	52	10	44	5	96	15	...	...	...	...	...	...	158	34	168	18	326	52	...	126	11	87	12	213	23	...
SOUTH-EASTERN HOSPITAL.																										





TABLE VII.—*Typhus Fever Admissions and Deaths divided according to age and sex during 1900.*

AGE.				MALES.		FEMALES.		TOTAL.		
				Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	
									Of Direct Admission.	Of Transferred Cases.
Under 5	...	...	...	...	...	...	...	...	...	...
5 to 10	...	..	...	1	...	...	...	1	...	...
10 to 15	...	...	...	...	...	...	...	...	...	...
15 to 20	...	...	...	1	...	...	...	1	...	...
20 to 25	...	...	...	...	...	...	...	...	...	...
25 to 30	...	...	...	...	...	...	...	...	...	...
30 to 35	...	...	...	...	...	...	...	...	...	...
35 to 40	...	...	...	...	...	...	...	...	...	...
40 to 45	...	...	...	1	...	...	...	1	...	...
45 to 50	...	...	...	...	...	...	...	...	...	...
50 to 55	...	...	...	...	...	1	1	1	1	...
55 to 60	...	...	...	...	...	...	...	...	...	...
And upwards	...	...	...	...	...	...	...	...	...	...
Total	...	...	...	3	...	1	1	4	1	...





FEVER STATISTICS.—TABLE VIII.—*Details of*

Disease as certified on admission.	Number of Cases.	Disease as diagnosed after admission.	EASTERN HOSPITAL.		NORTH- EASTERN HOSPITAL.		NORTH- WESTERN HOSPITAL.		WESTERN HOSPITAL.	
			No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
Scarlet Fever ...	526	GENERAL DISEASES.								
		Acute tuberculosis ..	...	...	...	...	...	...	...	...
		Chickenpox ... ..	1	...	3	...	1	...	1	...
		Erysipelas ... ..	...	...	...	...	...	...	...	...
		Febricula ... ..	1	...	...	...	...	...	...	...
		Influenza ... ..	...	...	...	...	...	...	1	...
		Malaria ... ..	...	...	1	...	...	...	...	...
		Measles ... ..	7	1	3	2	14	3	5	3
		,, and chickenpox	...	...	...	...	...	...	1	...
		,, and whooping cough ... ..	...	...	...	...	...	...	1	...
		Rheumatism ... ..	...	...	...	...	...	...	...	...
		Rötheln ... ..	19	...	18	...	2	...	11	...
		Syphilis ... ..	...	...	1	...	...	...	...	...
		,, congenital ...	...	...	...	...	...	...	...	...
		Whooping cough ...	3	1	1	...	1	...	...	...
		LOCAL DISEASES.								
		Digestive System.								
		Apthæ... ..	1	...	...	...	1	...	...	...
		Dentition ... ..	...	...	...	...	1	...	...	...
		Diarrhœa ... ..	...	...	1	1	...	...	...	...
		Enteritis ... ..	...	...	1	...	...	...	...	...
		Gastritis ... ..	...	...	...	...	1	...	...	...
		Glossitis ... ..	...	...	...	...	1	...	...	...
		Mesenteric disease ...	...	...	...	...	1	1	...	...
		Peritonitis, tubercular	...	...	1	1	...	...	...	...
		Pharyngitis ... ..	...	...	...	...	...	...	...	...
		Post - pharyngeal abscess ... ..	...	...	...	...	...	...	...	...
		Stomatitis ... ..	...	...	1	...	...	...	1	...
		Tabes mesenterica ...	...	...	...	...	...	...	...	...
		Tonsillitis ... ..	3	...	25	...	8	...	20	...
		Respiratory System.								
		Bronchitis ... ..	1	...	1	...	...	...	...	...
		Catarrh ... ..	...	...	...	...	...	...	...	...
		Coryza ... ..	3	...	...	...	...	...	...	...
		Empyema ... ..	...	...	...	...	...	...	1	...
		Pleurisy ... ..	1	...	...	...	...	...	...	...
		Pneumonia... ..	...	...	...	...	...	...	...	...
		,, broncho-...	...	...	...	...	...	...	2	...
		,, lobar ... ..	1	...	1	...	...	...	...	...
		Urinary System.								
		Albuminuria ... ..	1	...	...	...	...	...	...	...
		Nephritis ... ..	...	...	...	...	...	...	...	...
		Skin Diseases.								
		Acne ... ..	1	...	...	...	...	...	...	...
		Copaiba rash ... ..	...	...	1	...	...	...	...	...
		Drug rash ... ..	...	...	...	...	...	...	...	...
		Eczema ... ..	...	...	...	...	...	...	2	...
		Erythema ... ..	2	...	27	...	13	...	...	...
		Impetigo ... ..	...	...	...	...	...	...	...	...
		Lichen ... ..	...	...	...	...	...	...	...	...
		Psoriasis ... ..	...	...	...	...	...	...	...	...
		Strophulus... ..	...	...	...	...	...	...	...	...
		Sudamina ... ..	...	...	...	...	...	...	...	...
		Urticaria ... ..	...	...	1	...	...	...	2	...
Carried forward	526	... ..	45	2	87	4	44	4	48	3

Miscellaneous Diseases admitted during 1900.

SOUTH-WESTERN HOSPITAL.		FOUNTAIN HOSPITAL.		GROVE HOSPITAL.		SOUTH-EASTERN HOSPITAL.		PARK HOSPITAL.		BROOK HOSPITAL.		SUMMARY.	
No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
...	...	...	...	...	...	...	...	...	...	1	1	1	1
...	...	3	...	...	...	1	...	5	...	...	...	15	...
1	...	...	...	...	...	1	...	...	...	1	...	3	...
...	...	1	...	...	...	...	...	4	...	...	...	6	...
...	...	...	...	...	...	...	...	...	...	...	...	1	...
...	...	...	...	...	...	...	...	...	...	...	...	1	...
12	...	1	...	1	...	7	1	10	1	3	...	63	11
...	...	...	...	...	...	...	...	...	...	...	...	1	...
...	...	...	...	...	...	...	...	...	...	...	...	1	...
...	...	...	...	...	...	1	...	...	...	1	...	2	...
10	...	28	...	4	...	6	...	5	...	3	...	106	...
...	...	...	...	...	...	...	...	...	...	...	...	1	...
...	...	...	...	1	1	...	...	...	...	...	...	1	1
...	...	...	...	2	...	2	...	1	...	1	...	11	1
...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	...	2	...
...	...	...	...	...	...	...	...	...	...	...	...	1	...
...	...	...	...	...	...	...	...	1	...	...	...	2	1
...	...	...	...	...	...	...	...	2	1	...	...	3	1
...	...	...	...	...	...	...	...	1	...	...	...	2	...
...	...	...	...	...	...	...	...	...	...	...	...	1	...
...	...	...	...	...	...	...	...	...	...	...	...	1	1
...	...	...	...	1	...	...	...	...	...	...	...	1	...
...	...	1	...	...	...	...	...	...	...	...	...	1	...
...	...	...	...	...	...	...	...	...	...	...	...	2	...
...	...	...	...	...	...	...	...	1	...	...	...	1	...
10	...	4	...	2	...	12	...	29	...	15	...	128	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	1	...	...	...	1	...	2	...	4	...	10	...
2	...	...	...	...	...	...	...	1	...	...	...	3	...
...	...	...	...	...	...	...	...	...	...	...	...	3	...
...	...	...	...	...	...	1	...	...	...	...	...	2	...
...	...	...	...	...	...	...	...	...	...	...	...	1	...
...	...	...	...	...	...	4	...	...	...	...	...	4	...
1	...	...	...	...	...	...	...	1	...	1	...	5	...
...	...	...	...	...	...	...	...	2	...	1	...	5	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	...	1	...
2	2	...	...	...	...	...	...	...	...	...	...	2	2
...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	...	1	...
1	...	...	...	...	...	1	...	...	...	...	...	3	...
...	...	...	...	...	...	...	...	1	...	...	...	1	...
...	...	...	...	...	...	...	...	2	...	...	...	5	...
6	...	3	...	2	...	3	...	47	...	1	...	104	...
...	...	...	...	...	...	...	...	1	...	1	...	2	...
1	...	...	...	...	...	...	...	2	...	...	...	3	...
...	...	...	...	...	...	...	...	1	...	...	...	1	...
...	...	...	...	...	...	...	...	...	...	1	...	1	...
...	...	...	...	...	...	...	...	1	...	...	...	1	...
...	...	1	...	1	...	...	...	4	...	...	...	9	...
46	2	43	...	15	1	40	1	124	2	34	1	526	20



FEVER STATISTICS.—TABLE VIII. (continued)—Details

Disease as certified on admission.	Number of Cases.	Disease as diagnosed after admission.	EASTERN HOSPITAL.		NORTH- EASTERN HOSPITAL.		NORTH- WESTERN HOSPITAL.		WESTERN HOSPITAL.	
			No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
Brought forward	526	... ..	45	2	87	4	44	4	48	3
Scarlet Fever (continued)	81	<i>Circulatory System.</i> Morbus cordis ...	...	...	...	...	...	...	...	...
		<i>Nose, Disease of.</i> Rhinitis ...	...	...	...	...	...	...	...	...
		<i>Local Injuries.</i> Abdominal... ..	...	...	...	...	...	...	...	...
		Burns ... ..	2	1	...	...	...	...	...	...
		Scalds ... ..	...	...	...	...	...	...	...	...
		<i>Not Classified.</i> Adenitis ... ..	...	...	...	...	...	...	...	...
		Admitted with mother	...	...	2	...	...	...	...	...
		Born in hospital ...	...	...	...	...	...	...	...	...
		Cellulitis ... ..	...	...	...	...	...	...	...	...
		Infantile convulsions	...	...	...	...	...	...	...	...
		No obvious disease ...	7	...	20	...	12	...	12	...
		Otitis ... ..	1	...	...	...	...	...	...	...
		Sunstroke ... ..	...	...	...	...	1	1	...	...
		Tubercular adenitis ...	...	...	1	1	...	...	...	...
	607		55	3	110	5	57	5	60	3
Diphtheria ...	137	<b>GENERAL DISEASES.</b>								
		Enteric fever ... ..	...	...	...	...	...	...	...	...
		Febricula ... ..	...	...	...	...	...	...	...	...
		Influenza ... ..	...	...	...	...	...	...	1	...
		Measles ... ..	8	...	...	...	10	3	11	3
		„ German ... ..	...	...	...	...	...	...	...	...
		Pertussis ... ..	...	...	...	...	...	...	...	...
		Rickets ... ..	1	1	...	...	...	...	...	...
		Syphilis ... ..	1	...	...	...	...	...	5	...
		„ secondary ... ..	...	...	...	...	...	...	...	...
		Tuberculosis, acute ...	...	...	...	...	...	...	...	...
		Varicella ... ..	...	...	...	...	...	...	...	...
		<b>LOCAL DISEASES.</b>								
		<i>Respiratory System.</i>								
		Bronchitis ... ..	1	...	...	...	1	...	...	...
		Catarrh ... ..	...	...	...	...	...	...	...	...
		Coryza ... ..	8	...	...	...	...	...	...	...
		Empyema ... ..	...	...	...	...	...	...	...	...
		Laryngitis ... ..	10	1	...	...	1	...	1	...
		„ chronic ... ..	...	...	...	...	...	...	...	...
		Pneumonia ... ..	...	...	...	...	5	2	...	...
		„ broncho- ...	3	1	...	...	1	...	2	2
		„ lobar ... ..	11	1	...	...	...	...	...	...
		<i>Digestive System.</i>								
		Dental abscess ... ..	...	...	...	...	...	...	...	...
		Dentition ... ..	...	...	...	...	3	...	...	...
		Gastro - intestinal catarrh ... ..	...	...	...	...	...	...	...	...
		Mesenteric disease ...	...	...	...	...	1	1	...	...
		Peritonsillar abscess...	...	...	...	...	...	...	...	...
	137	Carried forward ...	43	4	...	...	22	6	20	5
Carried forward	744	... ..	98	7	110	5	79	11	80	8

of Miscellaneous Diseases admitted during 1900.

SOUTH-WESTERN HOSPITAL.		FOUNTAIN HOSPITAL.		GROVE HOSPITAL.		SOUTH-EASTERN HOSPITAL.		PARK HOSPITAL.		BROOK HOSPITAL.		SUMMARY.	
No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
46	2	43	...	15	1	40	1	124	2	34	1	526	20
...	...	...	...	...	...	...	...	...	...	1	...	1	...
...	...	...	...	1	...	...	...	...	...	...	...	1	...
...	...	...	...	...	...	...	...	...	...	1	...	1	...
...	...	...	...	...	...	...	...	...	...	...	...	2	1
...	...	...	...	...	...	1	1	...	...	...	..	1	1
...	...	...	...	...	...	...	...	3	...	...	...	3	...
...	...	...	...	...	...	...	...	1	...	...	...	3	...
...	...	...	...	...	...	...	...	1	...	...	...	1	...
...	...	...	...	...	...	...	...	3	2	...	...	3	2
...	...	...	...	...	...	1	...	...	...	...	...	1	...
...	...	...	...	4	...	1	...	3	...	1	...	60	...
...	...	...	...	...	...	1	...	...	...	...	...	2	...
...	...	...	...	...	...	...	...	...	...	...	...	1	1
...	...	...	...	...	...	...	...	...	...	...	...	1	1
46	2	43	...	20	1	44	2	135	4	37	1	607	26
...	...	3	...	...	...	...	...	...	...	...	...	3	...
...	...	...	...	...	...	...	...	1	...	...	...	1	...
...	...	...	...	...	...	...	...	...	...	...	...	1	...
1	...	1	...	2	...	2	...	4	3	1	1	40	10
...	...	...	...	...	...	1	...	...	...	...	...	1	...
1	...	1	...	1	...	...	...	...	...	...	...	3	...
...	...	...	...	...	...	...	...	...	...	...	...	1	1
...	...	1	...	...	...	2	...	3	..	1	...	13	...
...	...	...	...	1	...	...	...	...	...	..	...	1	...
1	1	...	...	...	...	...	...	...	...	...	...	1	1
1	...	...	..	1	...	...	...	1	...	...	...	3	...
...	...	1	...	1	...	...	...	...	...	...	...	4	...
1	...	...	...	...	...	...	...	...	...	...	...	1	...
...	...	...	...	...	...	...	...	...	...	...	...	8	...
1	...	...	...	...	...	...	...	...	...	...	...	1	...
1	...	1	...	...	...	...	...	...	...	...	...	14	1
...	...	...	...	...	...	1	...	...	...	...	...	1	...
...	...	...	...	...	...	2	...	...	...	...	...	7	2
3	1	...	...	...	...	...	...	...	...	...	...	9	4
...	...	1	...	...	...	...	...	3	...	...	...	15	1
...	...	...	...	...	...	...	...	...	...	1	1	1	1
...	...	2	...	...	...	...	...	...	...	...	...	5	...
...	...	...	...	...	...	...	...	...	...	1	1	1	1
...	...	...	...	...	...	...	...	...	...	...	...	1	1
...	...	...	...	...	...	1	..	...	...	...	...	1	...
10	2	11	...	6	...	9	...	12	3	4	3	137	23
56	4	54	...	26	1	53	2	147	7	41	4	744	49



FEVER STATISTICS—TABLE VIII. (continued)—Details

Disease as certified on admission.	Number of Cases.	Disease as diagnosed after admission.	EASTERN HOSPITAL		NORTH- EASTERN HOSPITAL.		NORTH- WESTERN HOSPITAL.		WESTERN HOSPITAL.	
			No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
Brought forward	744	... ..	98	7	110	5	79	11	80	8
Brought forward —Diphtheria	137	... ..	43	4	...	...	22	6	20	5
Diphtheria (continued)		<i>Digestive System (contd.)</i>								
		Pharyngitis ...	...	...	...	...	...	...	...	...
		Post - pharyngeal abscess ...	...	...	...	...	...	...	1	1
		Retro - pharyngeal abscess ...	...	...	...	...	4	2	...	...
		Septic sore throat ...	3	2	...	...	1	...	...	...
		Stomatitis ...	7	1	...	...	...	...	1	...
		Tabes mesenterica ...	...	...	...	...	...	...	1	1
		Tonsillitis ...	59	...	...	...	49	...	57	...
		<i>Circulatory System.</i>								
		Pericarditis ...	1	1	...	...	...	...	...	...
		„ purulent	...	...	...	...	...	...	1	1
		Morbus cordis ...	...	...	...	...	...	...	...	...
		<i>Nervous System.</i>								
		Cerebral effusion ...	...	...	...	...	1	1	...	...
		„ softening ...	...	...	...	...	1	1	...	...
		Convulsions ...	...	...	...	...	...	...	...	...
		Delirium tremens ...	...	...	...	...	1	1	...	...
		Tetanus ...	1	...	...	...	...	...	...	...
		<i>Skin Diseases.</i>								
		Eczema ...	1	...	...	...	...	...	...	...
		Erythema ...	...	...	...	...	...	...	...	...
	573	Herpes ...	...	...	...	...	1	...	...	...
		<i>Nose, Disease of.</i>								
		Rhinitis ...	...	...	...	...	...	...	...	...
		<i>Urinary System.</i>								
		Nephritis ...	...	...	...	...	...	...	...	...
		<i>Lymphatic System.</i>								
		Lymphadenoma ...	...	...	...	...	...	...	...	...
		<i>Not Classified.</i>								
		Abscess, cervical ...	1	...	...	...	...	...	...	...
		„ sublingual ...	...	...	...	...	...	...	...	...
		Adenitis ...	...	...	...	...	...	...	...	...
		Anæmia, pernicious, with tonsillitis ...	1	1	...	...	...	...	...	...
		Circumcision ...	...	...	...	...	...	...	...	...
		Foreign body in œsoph- agus... ..	...	...	...	...	...	...	...	...
		Marasmus ...	...	...	...	...	...	...	...	...
		No obvious disease ...	1	...	...	...	6	...	1	...
		Ophthalmia and cre- tinism ...	...	...	...	...	...	...	...	...
		Otorrhæa ...	...	...	...	...	...	...	...	...
		Syphilis ...	...	...	...	...	1	1	...	...
		Vaccination ...	...	...	...	...	...	...	...	...
	710		119	9	...	...	87	12	82	8
Carried forward	1,317	... ..	174	12	110	5	144	17	142	11

# FEVER STATISTICS, 1900.

95

*of Miscellaneous Diseases admitted during 1900.*

SOUTH-WESTERN HOSPITAL.		FOUNTAIN HOSPITAL.		GROVE HOSPITAL.		SOUTH-EASTERN HOSPITAL.		PARK HOSPITAL.		BROOK HOSPITAL.		SUMMARY.	
No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
56	4	54	...	26	1	53	2	147	7	41	4	744	49
10	2	11	...	6	...	9	...	12	3	4	3	137	23
4	...	1	...	...	...	...	...	...	...	...	..	5	...
...	...	1	..	...	...	...	...	2	1	...	...	4	2
...	...	...	...	...	...	1	1	...	...	...	...	5	3
...	...	...	...	...	...	...	...	...	...	...	...	4	2
...	...	2	...	...	...	2	...	4	...	2	1	18	2
...	...	...	...	...	...	...	...	...	...	...	...	1	1
5	...	60	.	32	...	78	...	135	1	23	...	498	1
...	...	...	...	...	...	...	...	...	...	...	...	1	1
...	...	...	...	...	...	...	...	...	...	...	...	1	1
...	...	1	...	...	...	...	...	...	...	...	...	1	...
...	...	...	..	..	...	...	...	...	...	...	...	1	1
...	...	...	...	...	...	..	...	...	...	...	...	1	1
...	...	...	...	...	...	...	...	...	...	1	...	1	...
...	...	...	...	...	...	...	...	...	...	...	...	1	1
...	...	...	...	...	...	...	...	...	...	...	..	1	...
...	...	...	...	...	...	...	...	1	...	...	...	2	...
...	...	...	...	...	...	...	...	...	...	1	...	1	...
...	...	...	...	...	...	...	...	...	...	...	...	1	...
...	...	...	...	1	...	1	...	1	...	...	...	3	...
...	...	...	...	...	...	...	...	1	1	...	...	1	1
...	...	1	1	...	...	...	...	...	...	...	...	1	1
...	...	...	...	...	...	...	...	...	...	...	...	1	...
...	...	1	...	...	...	...	...	...	...	...	...	1	...
...	...	...	...	...	...	...	...	1	...	1	...	2	...
...	...	...	...	...	...	...	...	...	...	...	...	1	1
...	...	...	...	...	...	1	...	...	...	...	...	1	...
...	...	...	..	...	...	1	1	...	...	...	...	1	1
...	...	1	...	...	...	...	...	...	...	...	...	9	...
...	...	...	...	1	1	...	...	...	...	...	...	1	1
...	...	...	..	...	...	...	..	...	...	...	...	1	..
...	...	..	...	..	...	...	...	...	...	...	...	1	1
...	...	...	...	...	...	1	...	...	...	...	...	1	...
19	2	79	1	41	2	94	2	157	6	32	4	710	46
65	4	122	1	61	3	138	4	292	10	69	5	1,317	72



FEVER STATISTICS.—TABLE VIII. (*continued*)—*Details*

Disease as certified on admission.	Number of Cases.	Disease as diagnosed after admission.	EASTERN HOSPITAL.		NORTH-EASTERN HOSPITAL.		NORTH-WESTERN HOSPITAL.		WESTERN HOSPITAL.	
			No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
Brought forward	1,317	... ..	174	12	110	5	144	17	142	11
Enteric Fever ...	297	GENERAL DISEASES.								
		Alcoholism ... ..	1	...	...	...	...	...	...	...
		Erysipelas due to scald	...	...	...	...	...	...	...	...
		Febricula ... ..	19	...	...	...	...	...	...	...
		Influenza ... ..	2	...	...	...	1	...	6	...
		Malaria ... ..	...	...	...	...	...	...	...	...
		Measles ... ..	...	...	...	...	...	...	...	...
		Puerperal fever ...	...	...	...	...	...	...	...	...
		Rheumatism ... ..	...	...	...	...	2	...	1	...
		„ acute ... ..	...	...	...	...	...	...	...	...
		Rickets ... ..	...	...	...	...	...	...	1	...
		Syphilis ... ..	...	...	...	...	...	...	...	...
		Tuberculosis ... ..	3	3	...	...	...	...	...	...
		„ acute ... ..	...	...	...	...	...	...	...	...
		Whooping cough ...	1	...	...	...	...	...	...	...
		Respiratory System.								
		Bronchitis ... ..	2	...	...	...	1	...	...	...
		Catarrh ... ..	...	...	...	...	...	...	...	...
		Empyema ... ..	...	...	...	...	2	...	...	...
		Phthisis ... ..	1	...	...	...	1	1	...	...
		Pleurisy ... ..	5	...	...	...	2	...	...	...
		Pneumonia ... ..	17	6	...	...	7	4	5	1
		„ broncho-	2	...	...	...	...	...	...	...
		Pulmonary tubercu-	...	...	...	...	2	1	...	...
		losis ... ..	...	...	...	...	...	...	...	...
		Pleural effusion... ..	...	...	...	...	...	...	...	...
		Circulatory System.								
		Endocarditis,rheumatic	...	...	...	...	...	...	...	...
		„ ulcerative	...	...	...	...	...	...	...	...
		Morbus cordis ... ..	...	...	...	...	1	1	...	...
		Pericarditis ... ..	1	1	...	...	...	...	...	...
		Digestive System.								
		Appendicitis ... ..	...	...	...	...	...	...	1	...
		Ascites ... ..	...	...	...	...	...	...	...	...
		Cholecystitis ... ..	...	...	...	...	...	...	...	...
		Cirrhosis of liver ..	...	...	...	...	...	...	...	...
		Colic ... ..	1	...	...	...	...	...	...	...
		Colitis ... ..	...	...	...	...	...	...	...	...
		Constipation ... ..	3	...	...	...	...	...	4	...
		Diarrhoea ... ..	1	...	...	...	2	...	3	...
		Dyspepsia ... ..	...	...	...	...	...	...	1	...
		Enteritis ... ..	...	...	...	...	2	1	...	...
		Gastritis ... ..	...	...	...	...	...	...	...	...
		Gastro-enteritis... ..	...	...	...	...	...	...	...	...
		Hepatic congestion ...	...	...	...	...	1	...	...	...
		Ischio rectal abscess...	...	...	...	...	1	...	...	...
		Jaundice ... ..	1	...	...	...	...	...	...	...
	297	Carried forward ...	60	10	...	...	25	8	22	1
Carried forward	1,614	... ..	234	22	110	5	169	25	164	12

of Miscellaneous Diseases admitted during 1900.

SOUTH-WESTERN HOSPITAL.		FOUNTAIN HOSPITAL.		GROVE HOSPITAL.		SOUTH-EASTERN HOSPITAL.		PARK HOSPITAL.		BROOK HOSPITAL.		SUMMARY.	
No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
65	4	122	1	61	3	138	4	292	10	69	5	1,317	72
...	...	...	...	...	...	...	...	...	...	...	...	1	...
...	...	...	...	1	...	...	...	...	...	...	...	1	...
...	...	...	...	...	...	2	...	3	...	...	...	24	...
1	...	...	...	1	...	8	...	1	...	1	...	21	...
...	...	...	...	...	...	...	...	...	...	1	...	1	...
1	...	...	...	...	...	1	...	...	...	...	...	2	...
...	...	...	...	...	...	...	...	...	...	1	1	1	1
...	...	...	...	...	...	...	...	1	...	...	...	4	...
...	...	...	...	1	...	...	...	...	...	...	...	1	...
...	...	...	...	...	...	...	...	...	...	...	...	1	...
...	...	...	...	...	...	1	...	...	...	...	...	1	...
...	...	...	...	8	5	3	2	...	...	...	...	14	10
...	...	...	...	...	...	...	...	2	2	...	...	2	2
1	...	...	...	...	...	...	...	...	...	...	...	2	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	4	1	1	...	2	1	4	1	14	3
1	...	...	...	...	...	...	...	...	...	...	...	1	...
1	...	...	...	...	...	1	...	...	...	1	...	5	...
...	...	...	...	...	...	...	...	3	...	1	...	6	1
2	...	...	...	2	...	1	...	...	...	...	...	12	...
5	3	...	...	12	3	14	4	9	3	13	5	82	29
...	...	...	...	3	3	...	...	1	...	1	...	7	3
...	...	...	...	...	...	...	...	...	...	...	...	2	1
...	...	...	...	...	...	...	...	...	...	1	...	1	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	4	...	...	...	...	...	4	...
...	...	...	...	2	2	3	2	...	...	...	...	5	4
...	...	...	...	2	...	...	...	2	1	...	...	5	2
...	...	...	...	...	...	...	...	...	...	...	...	1	1
...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	3	...	...	...	1	...	2	1	7	1
...	...	...	...	...	...	...	...	1	...	...	...	1	...
...	...	...	...	...	...	...	...	...	...	1	...	1	...
...	...	...	...	...	...	...	...	...	...	1	1	1	1
...	...	...	...	...	...	...	...	...	...	...	...	1	...
...	...	...	...	1	...	1	1	...	...	1	...	3	1
...	...	...	...	2	...	...	...	...	...	...	...	9	...
...	...	...	...	...	...	12	...	...	...	...	...	18	...
...	...	...	...	...	...	2	...	...	...	...	...	3	...
...	...	...	...	...	...	...	...	3	...	...	...	5	1
...	...	...	...	...	...	4	...	...	...	...	...	4	...
6	...	...	...	14	1	...	...	...	...	...	...	20	1
...	...	...	...	...	...	...	...	...	...	...	...	1	...
...	...	...	...	...	...	...	...	...	...	...	...	1	...
...	...	...	...	...	...	...	...	...	...	...	...	1	...
18	3	...	...	56	15	58	9	29	7	29	9	297	62
83	7	122	1	117	18	106	13	321	17	98	14	1,614	134



FEVER STATISTICS.—TABLE VIII. (continued)—Details

Disease as certified on admission.	Number of Cases.	Disease as diagnosed after admission.	EASTERN HOSPITAL.		NORTH- EASTERN HOSPITAL.		NORTH- WESTERN HOSPITAL.		WESTERN HOSPITAL.	
			No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
Brought forward	1,614	... ..	234	22	110	5	169	25	164	12
Brought forward —Enteric Fever	297	... ..	60	10	...	...	25	8	22	1
Enteric Fever (continued)		<i>Digestive System (contd.)</i>								
		Perforating gastric ulcer ... ..	...	...	...	...	1	1	...	...
		Peritonitis ... ..	2	1	...	...	...	...	...	...
		„ pelvic ... ..	...	...	...	...	...	...	...	...
		„ tubercu- lous ... ..	...	...	...	...	1	1	1	...
		Perityphlitis ... ..	1	...	...	...	...	...	...	...
		Tonsillitis ... ..	1	...	...	...	...	...	...	...
		<i>Nervous System.</i>								
		Alcoholism ... ..	1	...	...	...	2	1	...	...
		Amyotrophic lateral sclerosis ... ..	...	...	...	...	...	...	...	...
		Chorea ... ..	...	...	...	...	...	...	...	...
		Delirium tremens ... ..	1	...	...	...	...	...	...	...
		Disseminated sclerosis	...	...	...	...	...	...	...	...
		Hemiplegia ... ..	...	...	...	...	...	...	...	...
		Mania ... ..	...	...	...	...	...	...	...	...
		Meningitis ... ..	1	1	...	...	...	...	...	...
		„ septic ... ..	...	...	...	...	...	...	...	...
		„ tubercular	...	...	...	...	...	...	...	...
		<i>Urinary System.</i>								
		Albuminuria ... ..	1	...	...	...	...	...	...	...
		Diabetes ... ..	...	...	...	...	...	...	...	...
		Nephritis, chronic ... ..	...	...	...	...	1	1	...	...
		Stricture of urethra ... ..	...	...	...	...	1	...	...	...
		„ with extra- vasation of urine ... ..	...	...	...	...	...	...	...	...
		Tubercular pyelitis ... ..	...	...	...	...	...	...	...	...
		<i>Skin Diseases.</i>								
		Eczema ... ..	...	...	...	...	...	...	...	...
		Erythema papulosum	...	...	...	...	...	...	...	...
		<i>Generative System.</i>								
		Endometritis ... ..	...	...	...	...	...	...	...	...
		Malignant disease of cervix uteri ... ..	...	...	...	...	...	...	...	...
		Pelvic cellulitis ... ..	...	...	...	...	...	...	1	...
		Pyosalpinx ... ..	...	...	...	...	1	1	...	...
		<i>Locomotive System.</i>								
		Multiple arthritis ... ..	...	...	...	...	...	...	...	...
		Necrosis of tibia, acute	...	...	...	...	...	...	...	...
		<i>Lymphatic System.</i>								
		Bubo ... ..	...	...	...	...	...	...	...	...
		<i>Local Injuries.</i>								
		Insolation ... ..	1	...	...	...	...	...	...	...
	356	Carried forward ...	69	12	...	...	32	13	24	1
Carried forward	1,673	... ..	243	24	110	5	176	30	166	12

*of Miscellaneous Diseases admitted during 1900.*

SOUTH-WESTERN HOSPITAL.		FOUNTAIN HOSPITAL.		GROVE HOSPITAL.		SOUTH-EASTERN HOSPITAL.		PARK HOSPITAL.		BROOK HOSPITAL.		SUMMARY.	
No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
83	7	122	1	117	18	196	13	321	17	98	14	1,614	134
18	3	...	...	56	15	58	9	29	7	29	9	297	62
...	...	...	...	...	...	...	...	...	...	...	...	1	1
1	1	...	...	3	1	1	1	...	...	...	...	7	4
...	...	...	...	...	...	1	...	...	...	...	...	1	...
...	...	...	...	...	...	1	...	...	...	...	...	3	1
...	...	...	...	...	...	...	...	...	...	...	...	1	...
2	...	...	...	...	...	...	...	...	...	3	...	6	...
...	...	...	...	1	...	...	...	...	...	...	...	4	1
...	...	...	...	...	...	1	1	...	...	...	...	1	1
...	...	...	...	1	...	...	...	...	...	...	...	1	...
...	...	...	...	1	1	...	...	...	...	...	...	1	...
...	...	...	...	...	...	1	1	...	...	...	...	1	1
2	2	...	...	...	...	1	...	1	...	...	...	2	...
...	...	...	...	1	1	...	...	...	...	...	...	3	3
...	...	...	...	...	...	4	4	...	...	...	...	1	1
...	...	...	...	...	...	...	...	...	...	...	...	4	4
...	...	...	...	...	...	...	...	...	...	...	...	1	...
...	...	...	...	...	...	...	...	...	...	1	1	1	1
...	...	...	...	1	1	3	2	...	...	...	...	5	4
...	...	...	...	...	...	...	...	...	...	...	...	1	...
...	...	...	...	1	...	...	...	...	...	...	...	1	...
...	...	...	...	...	...	...	...	...	...	1	...	1	...
...	...	...	...	...	...	...	...	...	...	...	...	1	...
...	...	...	...	1	...	...	...	...	...	1	...	1	...
...	...	...	...	1	...	...	...	...	...	...	...	1	...
...	...	...	...	...	...	1	...	...	...	...	...	2	...
...	...	...	...	...	...	...	...	...	...	...	...	1	1
...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	1	...	...	...	...	...	...	...	1	...
...	...	...	...	1	...	...	...	...	...	...	...	1	...
...	...	...	...	1	...	...	...	...	...	...	...	1	...
...	...	...	...	...	...	...	...	...	...	...	...	1	...
23	6	...	...	70	19	73	19	30	7	35	10	356	87
88	10	122	1	131	22	211	23	322	17	104	15	1,673	159



FEVER STATISTICS.—TABLE VIII. (continued)—Details of

Disease as certified on admission.	Number of Cases.	Disease as diagnosed after admission.	EASTERN HOSPITAL.		NORTH- EASTERN HOSPITAL.		NORTH- WESTERN HOSPITAL.		WESTERN HOSPITAL.	
			No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
Brought forward	1,673	... ..	243	24	110	5	176	30	166	12
Brought forward	356	... ..	69	12	..	...	32	13	24	1
Enteric Fever		... ..	...	...	...	...	...	...	...	...
Enteric Fever (continued)	31	<i>Not Classified.</i>	...	...	...	...	...	...	1	...
		Abortion ... ..	...	...	...	...	...	...	...	...
		Abscess, temporo spheroidal ... ..	...	...	...	...	...	...	...	...
		Addison's disease ...	1	1	...	...	...	...	...	...
		No obvious disease ...	1	...	...	...	2	...	...	...
		Otitis ... ..	2	...	...	...	...	...	...	...
		„ and pyæmia ...	2	2	...	...	...	...	...	...
		Pleurodynia ... ..	1	...	...	...	...	...	...	...
		Pyæmia ... ..	...	...	...	...	...	...	1	...
		Whitlow ... ..	1	...	...	...	...	...	...	...
		<i>Not Certified.</i>	...	...	...	...	...	...	...	...
		Admitted with Mother	...	...	...	...	3	...	1	...
		Born in hospital ...	...	...	...	...	...	...	1	...
		Measles, admitted as such ... ..	...	...	...	...	1	1	..	...
		No disease ... ..	...	...	...	...	...	...	...	...
		Rötheln ... ..	...	...	...	...	...	...	1	...
		Tonsillitis ... ..	...	...	...	...	...	...	2	...
Typhus Fever ...	387	...	77	15	...	...	38	14	31	1
	2	Meningitis ... ..	1	1	...	...	...	...	...	...
		Rheumatic sudamina	...	...	...	...	...	...	...	...
		...	1	1	...	...	...	...	...	...
GRAND TOTALS	1,706	... ..	252	28	110	5	182	31	173	

Miscellaneous Diseases admitted during 1900.

SOUTH-WESTERN HOSPITAL.		FOUNTAIN HOSPITAL.		GROVE HOSPITAL.		SOUTH-EASTERN HOSPITAL.		PARK HOSPITAL.		BROOK HOSPITAL.		SUMMARY.	
No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
88	10	122	1	131	22	211	23	322	17	104	15	1,673	159
23	6	...	...	70	19	73	19	30	7	35	10	356	87
...	...	...	...	...	...	...	...	...	...	...	..	1	...
...	...	...	...	...	...	1	1	...	...	...	...	1	1
...	...	...	...	..	...	...	...	...	...	...	...	1	1
1	..	...	...	2	...	1	..	...	...	...	...	7	...
...	...	...	...	...	...	...	...	...	...	..	...	2	...
..	...	..	...	...	...	...	...	...	...	...	..	2	2
..	...	...	...	...	...	..	...	...	...	...	...	1	...
...	...	...	...	...	...	2	2	...	...	...	...	3	2
...	...	...	...	...	...	...	...	...	...	...	...	1	...
...	...	...	...	...	...	...	...	...	...	1	...	5	...
...	...	...	...	...	...	...	...	...	...	...	...	1	...
...	...	...	...	...	...	...	...	...	...	...	...	1	1
2	...	...	...	...	...	...	...	...	...	...	...	2	...
...	...	...	...	...	...	...	...	...	...	...	...	1	...
...	...	..	...	...	...	...	...	...	...	...	...	2	...
26	6	...	...	72	19	77	22	30	7	36	10	387	94
...	...	...	...	...	...	...	...	...	...	...	...	1	1
...	...	...	...	...	...	1	...	...	...	...	...	1	...
...	...	...	...	...	...	1	...	...	...	...	...	2	1
91	10	122	1	133	22	216	26	322	17	105	15	1,706	167



REPORTS OF THE ACTING MEDICAL OFFICER OF  
THE RIVER AMBULANCE SERVICE AND OF THE  
MEDICAL SUPERINTENDENT OF THE SMALLPOX  
HOSPITAL SHIPS FOR THE YEAR 1900.

No. 1.

RIVER AMBULANCE SERVICE.

SOUTH WHARF,  
ROTHERHITHE, S.E.,  
23rd January, 1901.

**Statistics.** During the year 1900, 94 patients were sent to this wharf certified to be suffering from smallpox. This diagnosis was confirmed in 64 instances, and 63 of the patients were transferred to the Hospital Ships. The other patient was not so transferred, but was detained for treatment at, and subsequently discharged from, the wharf. This patient presented symptoms characteristic of the early stages of smallpox, but, as occasionally happens, the characteristic papular eruption was never developed. For this reason this case has not been included in the statistics of vaccination.

One patient who was transferred to the Hospital Ships, on further examination, appeared to be suffering not from smallpox but from the effects of vaccinia. There were thus 64 transfers to the Hospital Ships. But there were actually 65 admissions to that hospital from the metropolitan area, since one person was detained for treatment who had visited the hospital to see a sick relative. That patient was found at the time of her visit to be herself the subject of the disease.

Of the remaining 29 cases, 12 were sent home on the day of their removal and 6 on the day following; 11 were detained in the shelters for periods varying from 2 to 16 days. The longest period of detention (16 days) was in the case of the patient suffering from varicella, who had no home in London to which he could be returned. He was therefore detained at the wharf until his recovery.

I present in a tabular form the facts to which I have referred :—

DISEASE.	Transferred to Hospital Ships.	Returned the same day or after <i>one</i> day's detention.	Detained in Shelter.		
			2-4 Days.	7-9 Days.	16 Days.
Smallpox ... ..	63	...	...	1	...
Vaccinia ... ..	1	...	1	...	...
Varicella ... ..	...	13	3	...	1
Erythema ... ..	...	5	1	...	...
Urticaria ... ..	...	...	...	1	...
Impetigo ... ..	...	...	1	...	...
Syphilis ... ..	...	...	1	...	...
Ulcerative endocarditis ... ..	...	...	1	...	...
No disease apparent ... ..	...	...	1	...	...
Totals ... ..	64	18	9	2	1

(Signed) T. F. RICKETTS,  
Acting Medical Officer.



## No. 2.

## HOSPITAL SHIPS.

(For Statistical Tables, see pp. 106 to 120.)

LONG REACH,

NEAR DARTFORD, KENT,

*January 22nd, 1901.*

**Statistics.** During the year 1900, 67 patients were treated in this hospital. Of these patients, 1 was considered to be suffering not from smallpox, but from the effects of vaccinia. There were 3 deaths. At the end of the year, 1 patient remained under treatment. There were 2 patients sent to the hospital from Orsett, in Essex, leaving 64 smallpox patients who came from the metropolitan area.

As usual, most cases occurred in the earlier part of the year, all but five being admitted in the first seven months. In six cases the patient had recently arrived in London from abroad, and brought the disease or the seeds of it with him. Four of these cases led, so far as is known, to no further spread of the disease. The two other cases were the forerunners of an interesting series, which will be presently further alluded to. In two instances the disease was imported from the provinces. One of these cases was that of a man who had been employed in erecting a smallpox hospital at Hull. Early in January he returned to his home at Fulham, where he developed smallpox, and was the source of the disease in three other cases.

The remainder of the cases are comprised chiefly in three groups:—

(1.) A group of cases occurred in Hackney in January and February which was traced to a gathering of friends in a small house in Homerton, on Christmas Day, 1899. It was found afterwards that a boy then present was suffering from a mild attack of smallpox. His illness had been mistaken for chickenpox. Eight persons present on that occasion afterwards fell ill of smallpox, and 17 persons in all owed their illness to the same source.

(2.) On March 29th, the s.s. "Caledonia" arrived in the port of London. The steward and the ship's clerk returned to their homes in St. Pancras and Marylebone, and fell ill of smallpox within a few days of one another. Five persons with whom they came into contact afterwards developed the disease. On May 21st, a woman was admitted here with smallpox who was the widow of a valet employed in Victoria Street, Westminster. Her husband had just died, it was supposed of measles; but there can be little doubt that the nature of his disease was hæmorrhagic smallpox. The origin of his illness was for long obscure, but it appeared probable that he caught smallpox at an eating-house in the north of London from one of the cases originating in the "Caledonia." Thus, while the outbreak was stamped out in the north, its focus shifted to the south-west of London. Three persons with whom the valet's wife came into contact caught smallpox and were sent here. While about the same time a woman who lived in the same house in Victoria Street, and had come into contact with her or her husband, was admitted as a patient to St. Mary's Hospital, and died there of a severe attack of confluent smallpox. The nature of this patient's illness was unrecognised, and



five other persons who were patients or employed at that hospital caught smallpox from her and were sent here. When the valet died in Victoria Street, some linen from the house was sent to a laundry at Chiswick, and another centre for the spread of the contagion was thus furnished. Again the earlier cases were unrecognised, and nine patients were admitted in consequence. Nor was this quite all. For the valet's brother came to London when he died, and took the smallpox back with him to the provincial town where he dwelt. Four or five cases of smallpox resulted. So far as is known, at least 30 cases in London and out of it could thus be traced back to the "Caledonia," and over 20 cases to the man who died of measles in Victoria Street. This is a somewhat unusual experience nowadays, and it is to be explained by the repeated mistakes in diagnosis which were made. Thus the nature of the original cases from the "Caledonia" was not at first recognised. The man in Victoria Street was supposed to have measles. The patient taken to St. Mary's Hospital died of a rare skin disease, the name of which has escaped me. While the earlier cases in Kensington and those in the provincial town were classed as chickenpox.

(3.) Early in April there was a small outbreak of smallpox in St. George's-in-the-East. Five patients were sent here from that infirmary, and two more from the same part of London, who all appeared to owe their illness to a common source. The first to fall ill was a boy who was treated in the infirmary for chickenpox, the true nature of whose illness was not perceived until other secondary cases had occurred.

The cases so far touched on form the bulk of the admissions for the year. But it may be worth while to allude to the remaining cases.

In February a young woman was admitted from Greenwich. She was shortly to have been married. But she died here of hæmorrhagic smallpox. She caught smallpox from her mother, in whom the disease was of a similar nature and had a similar result. How the mother got smallpox is unknown, nor was the nature of her illness recognised. She was stated to have died of blood poisoning.

Three persons, members of the same family, were admitted from Streatham, in August. The father of two of the patients had died shortly before their admission. His illness was supposed to have been due to measles. He seems to have caught smallpox from a son who had come home on leave from a training ship at Devonport. The son was said to have chickenpox.

In November two fellow-servants were admitted from a house in Sloane Gardens. One of them has barely escaped with her life. It seems probable that they got smallpox from their master. They told me he had been suffering from blood poisoning with an eruption of spots.

It has been mentioned that two patients were admitted from Orsett (in July). The first patient was a youth in the navy, who had returned home to Orsett on leave from one of H.M. hospital ships. He said there was a boy there who had been suffering from German measles and chickenpox, a double-barrelled diagnosis very suggestive of smallpox. The second patient admitted caught smallpox from the first, and died here.

I think it may be said justly that the most part of the cases of smallpox which occurred in London last year might have been prevented very readily. Had the mistakes in diagnosis which I have recounted not been made, so much illness, much suffering, and some deaths would have been avoided. Smallpox is a disease which

in practice seems to present more difficulties in its detection than do most others ; it is the disease in which mistakes are of most moment ; and yet it is perhaps of all diseases that in which a certain diagnosis can be arrived at in almost every case. It is unfortunate that what opportunities exist for the study of the disease are not more available for students. It is unfortunate also that medical men as a rule do not conceive it to be their duty to notify all cases where a diagnosis of smallpox appears to be not only probably but possibly the correct one, and to allow the responsibility of deciding as to the disposal of such cases to rest with the Managers.

Meanwhile, an epidemic of smallpox in London is always possible, and it is therefore a matter of congratulation that the new smallpox hospital at Joyce Green has at length been begun.

**Staff employed.** I present the usual return of the number of persons employed on the staff of the hospital in the course of the year.

Staff employed at the Hospital.				Staff newly employed.			
Year.	Class.	Number employed.	Contracted Smallpox.	Year.	Class.	Number newly employed.	Contracted Smallpox.
1900	I.	25	} Nil.	1900	I.	19	} Nil.
	II.	40			II.	13	
	III.	53			III.	13	
	IV.	45			IV.	25	
Total.	... ..	163	—	Total	... ..	70	—

(Signed) T. F. RICKETTS,  
Medical Superintendent.







*Deaths during the Year, and the condition of the Patients as to Vaccination.*

N.B.—Admissions, &c., from "other diseases" during the year are not included in this Return.

NOTE 1.—The columns headed "no evidence" contain the particulars of cases stated to have been Vaccinated, but bearing no visible evidence of the operation and also of those in which no statement was made, but the nature of the eruption or other cause prevented any observation of the marks, if any existed.







APPENDIX I.—INFECTIOUS DISEASES. SMALLPOX STATISTICS, 1900.  
SMALLPOX STATISTICS—TABLE IIa.—Showing the condition as regards Vaccination of MALE Patients admitted during 1900.

AGES.	CASES WITH VACCINATION CICATRIX OR CICATRICES PRESENT.																																														Cases in which there was "No evidence" as to Cicatrices. (See Note*)	Cases in which Vaccination Cicatrix was "absent."																																																																																																																																																																																																																																																																																																																																											
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	Class A¹ = half and upwards of one-half square inch total area.										Class A² = one-third, but less than one-half square inch total area.										Class A³ = less than one-third square inch total area.										Class A⁴ = Areas not recorded.																																																																																																																																																																																																																																																																																																																																																												
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Less than half foveated.			Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	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Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	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Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.

This table includes cases which were vaccinated or re-vaccinated after having been infected with smallpox.  
\* In this column are included cases stated to have been vaccinated, but bearing no visible evidence of the operation, and also cases in which no statement was made, but the nature of the eruption, or other cause, prevented any observation of the marks, if any existed.















SMALLPOX STATISTICS—TABLE IIc. (continued)—Showing the condition as regards Vaccination of Patients admitted during 1900 (MALES AND FEMALES COMBINED).

AGES.	CASES WITH VACCINATION CICATRIX OR CICATRICES PRESENT.																																								Total Vaccinated Cases Admitted.	Deaths amongst Vaccinated Cases	Cases in which there was "No evidence" as to Cicatrices. (See Note*)	Cases in which Vaccination Cicatrix was "absent."			
	AREA OF CICATRIX OR CICATRICES.																																														
	Class A <sup>1</sup> = half and upwards of one-half square inch total area.										Class A <sup>2</sup> = one-third, but less than one-half square inch total area.										Class A <sup>3</sup> = less than one-third square inch total area.										Class A <sup>4</sup> = Areas not recorded.																
	Number of Scars.										Number of Scars.										Number of Scars.										Number of Scars.																
	Four or more.	Three.	Two.	One.	Not recorded.	Four or more.	Three.	Two.	One.	Not recorded.	Four or more.	Three.	Two.	One.	Not recorded.	Four or more.	Three.	Two.	One.	Not recorded.	Four or more.	Three.	Two.	One.	Not recorded.	Four or more.	Three.	Two.	One.	Not recorded.	Four or more.	Three.	Two.	One.	Not recorded.												
	Foveation of Scars.										Foveation of Scars.										Foveation of Scars.										Foveation of Scars.																
Under 1 year ...	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	Half and more than half foveated.	Less than half foveated.	Plain scars.	Not recorded.	1	...	...	...			
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" 8 " 9 "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" 9 " 10 "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" 10 " 11 "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" 11 " 12 "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" 12 " 13 "	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" 13 " 14 "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" 14 " 15 "	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" 15 " 20 "	...	2	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" 20 " 25 "	...	5	3	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...					

N.B.—(1) The small figures indicate the number of deaths in each sub-division of the classes. This Table includes cases which were vaccinated or re-vaccinated after having been infected with smallpox.

\* In this column are included cases stated to have been vaccinated but bearing no visible evidence of the operation, and also cases in which no statement was made, but the nature of the eruption, or other cause, prevented any observation of the marks, if any existed.





ii. APPENDIX II.—IMBECILITY.

REPORTS OF THE MEDICAL SUPERINTENDENTS OF  
THE SEVERAL IMBECILE ASYLUMS FOR THE  
YEAR 1900.

(For Statistical Tables, see pp. 140 to 165.)

No. 1.

LEAVESDEN ASYLUM.

KING'S LANGLEY, HERTS,  
19th January, 1901.

Statistics.

	Males.	Females.	Total.
On 1st January, 1900, the asylum contained ... ..	897	1,088	1,985
Admitted during the year ... ..	78	98	176
Total under treatment during the year ... .	975	1,186	2,161
Discharged during the year ... ..	25	21	46
Died during the year ... ..	137	173	310
Remaining in the asylum on 31st December, 1900 ... ..	813	992	1,805

In consequence of a resolution adopted by the Managers on the 19th May, 1900, the reason for which will be explained later, the normal accommodation, hitherto for 2,000 patients—1,100 females and 900 males—was reduced by 250 to 1,750—950 females and 800 males. On December 31st, 1900, there were still 42 females and 13 males in excess of the lately fixed normal accommodation.

**Admissions.** Patients ceased to be admitted in June, so that no admissions took place during the last six months of the year. There was therefore a great falling-off in the year's admission rate, and whilst in 1899 the admissions numbered 342, in 1900 the admissions were only 176.

At the end of the year 1899 it was decided to transfer cases from Darenth Asylum, so that Darenth could for a while admit new cases from the outside. In December, 1899, 23 cases were admitted from Darenth Asylum, and during 1900 115 more were received. The majority of admissions to this asylum during recent years have been lunatics and not imbeciles. The transfers from Darenth Asylum were nearly all of the latter class, and on account of the faulty habits of many of them and the destructive habits of others they have added greatly to the numerous and increasing class of those requiring constant supervision by day and by night.

Every year it is necessary to draw attention to the weak, aged, and decrepit



people sent for care and treatment to the asylum. The feeble state of the admissions during 1900 is well shown in the following table:—

	Males.	Females.	Total.
1. In good bodily health and condition ..	—	—	—
2. In average bodily health and condition	7	1	8
3. In indifferent bodily health and condition	25	14	39
4. In weak bodily health .. .. .	30	61	91
5. In very weak bodily health and exhausted condition .. .. .	16	22	38
	<u>78</u>	<u>98</u>	<u>176</u>

Nos. 4 and 5 include all patients suffering from physical disease, including epileptics.

Out of 176 admissions 130 were brought from other asylums:—

Name of Asylum.	Males.	Females.	Total.
City of London, at Stone .. .. .	7	—	7
Claybury .. .. .	5	—	5
Colney Hatch .. .. .	1	—	1
Hanwell .. .. .	2	—	2
Darenth .. .. .	46	69	115
	<u>61</u>	<u>69</u>	<u>130</u>

There was one readmission. Harriet D., aged 45, chargeable to St. Pancras, who suffers from epilepsy, was readmitted on May 14th, 1900. She was first admitted on August 15th, 1893, discharged, not improved, to the care of relatives on April 20th, 1894, readmitted March 1st, 1895, and again discharged, relieved, to the care of friends on May 15th, 1899.

**Discharges.** The following is the table of discharges:—

	Males.	Females.	Total.
Recovered .. .. .	2	3	5
Relieved .. .. .	5	2	7
Not improved .. .. .	18	16	34
	<u>25</u>	<u>21</u>	<u>46</u>

The percentage of recoveries on admissions was as follows:—

Males.	Females.	Total.
2·5	3·06	2·8

22 patients were sent to other asylums as suicidal or dangerous to others:—

Name of Asylum.	Males.	Females.	Total.
Claybury .. .. .	1	3	4
Colney Hatch .. .. .	3	5	8
Hanwell .. .. .	5	—	5
Banstead .. .. .	1	—	1
Stone (City of London) .. .. .	2	2	4
	<u>12</u>	<u>10</u>	<u>22</u>

**Deaths.** The deaths numbered 310—137 males and 173 females. This is the largest number of deaths that has occurred in any one year in the history of the institution, the next highest number being 305 in the influenza year 1890. The very high death rate is further shown by the following figures, which are also much the highest that have ever been recorded in the history of the asylum :—

Percentage of deaths on the average number resident :—

Males.	Females.	Total.
15·8	16·6	16·2

There were 285 *post-mortem* examinations—128 males and 157 females—this representing over 90 per cent. of the deaths. As this is the highest per cent. of *post-mortem* examinations that has ever been performed here, it follows that the table giving the causation of deaths has never been so accurate. Bedsores were found in 21 male and 25 female bodies after death, being one bed sore less than during 1899. It is right, however, to point out that many of these bedsores were trifling in the extreme, and would not have been classified as bedsores years ago. Now that the great overcrowding of the infirmary wards is a thing of the past, and now that the attendants and nurses are receiving a full course of lectures and demonstrations in their nursing duties, bedsores should be of rare occurrence.

The greatest cause of death at Leavesden Asylum in 1900 and for many years previously was tuberculosis. The following table gives a list of those deaths during 1900 where tuberculosis played a principal or secondary part :—

	Males.	Females.	Total.
Pulmonary tuberculosis .. .. .	45	49	94
Pulmonary tuberculosis with tubercular enteritis ..	—	1	1
Pulmonary tuberculosis with influenza .. ..	1	1	2
Cerebral softening with pulmonary tuberculosis ..	1	—	1
General paralysis of the insane with pulmonary tuberculosis .. .. .	—	1	1
Status epilepticus with pulmonary tuberculosis ..	—	1	1
Tubercular meningitis .. .. .	—	1	1
General tuberculosis .. .. .	3	1	4
	<u>50</u>	<u>55</u>	<u>105</u>

It is startling to find that out of 310 deaths, in 105, or more than one-third, tuberculosis was the primary or secondary cause of death. The following table shows that at this asylum tuberculosis has no respect for age, old people often falling victims :—

				Under 20.	20-30	30-40	40-50	50-60	60-70	70-80	80-90
1897	{	Male	... ..	1	14	7	4	1	1	1	—
		Female	... ..	2	3	3	6	2	1	1	—
1898	{	Male	... ..	1	10	5	5	5	2	—	—
		Female	... ..	1	12	4	5	3	1	—	—
1899	{	Male	... ..	1	7	10	13	10	1	—	—
		Female	... ..	2	6	5	6	6	3	2	—
1900	{	Male	... ..	2	6	10	16	5	8	3	—
		Female	... ..	...	6	12	9	12	7	5	4
Totals				10	64	56	64	44	24	12	4



It would be considered unusual in outside practice for old people to die of "consumption," but at Leavesden Asylum during the last four years 40 persons over 60 years of age died of tuberculosis. The average length of residence in the asylum of those dying of tubercle or in whom active tubercle was found on *post-mortem* examination during 1899 has been worked out (there is no doubt much the same results could be got from the 1900 figures), and it is found that in the males roughly eight years and in the females roughly nine years are the periods. The proportion of these cases in which tubercle was recognised on admission is as follows:—Males 19 per cent., females 33·3 per cent. It may therefore be confidently affirmed that the majority of the cases of tuberculosis were generated in the asylum after the patients were admitted. The committee, being fully aware of the high death rate from tuberculosis, have taken during the year several steps which it is hoped will minimise the great death rate. On May 19th, 1900, it was decided that the normal accommodation hitherto for 2,000 patients should be reduced by 250 to 1,750, but this reduction could only take place gradually as a consequence of deaths and discharges, and on December 31st there were still 55 patients in excess of the lately fixed normal accommodation. The amount of air space each patient is to have has been fixed as follows:—

Advanced tubercular cases, 100 square feet of floor space by day and night.

Incipient tubercular cases, 60 square feet of floor space by night and 30 square feet by day.

Infirm and sick cases, 850 cubic feet by night and day.

Ordinary cases, 500 cubic feet by night and 300 cubic feet by day.

Offensive cases, 1,200 cubic feet by day and night.

The neighbourhood of the asylum is very healthy, and on inquiry it is found that very few cases of "consumption" occur among the surrounding population. The liability to tuberculosis is therefore peculiar to the population of the asylum. The degenerate character of the asylum population will, it is to be feared, always produce a larger number of tubercular cases not only than the general population, but than the population of most other asylums. During the later months of the year the tuberculous patients have been placed in separate wards, although the classification is not yet quite complete. It has also been determined to erect rustic shelters in the airing courts attached to the wards for tubercular patients, so that independently of the weather the patients may spend as much time as possible in the open air. The overcrowding of a degenerate population has been, I think, the main cause of the high death rate from tuberculosis at this asylum, and it is therefore hoped that the steps which have been taken will remedy this evil.

Next to tuberculosis, the second great cause of death during the year was owing to an epidemic of influenza, which began during the last few days of 1899. The death rate among the patients during January was phenomenally high, there being 73 deaths from all causes during this month, the largest mortality that has ever occurred in any one month in the history of the institution.

The epidemic continued into February, and there was a recrudescence in April, fully a fourth of the patients as well as a large number of the staff being attacked. None of the latter, I am glad to say, died, although several of them were seriously ill for a time. As the medical superintendent and two of the three assistant medical officers were *hors de combat*, Caterham and Darenth Asylums sent to our



aid Drs. Fleck and Anderson. The victims of influenza were mostly those who were very old or who suffered from serious disease, but, alas! we also lost many of our old workers, a serious matter when nearly every newly-admitted case is a non-worker. A great many invalids were left behind and added to the death rate during the year. The following table shows the deaths from influenza :—

	Males.	Females.	Total.
Influenza alone .. .. .	—	1	1
Influenzal pneumonia .. .. .	14	24	38
Influenzal bronchitis .. .. .	2	4	6
Influenzal congestion of lungs .. .. .	1	1	2
Valvular disease of heart with influenzal pneumonia or bronchitis .. .. .	—	4	4
	<u>17</u>	<u>34</u>	<u>51</u>

It will therefore be seen that more than half of the deaths during 1900 are accounted for by tuberculosis and influenza. Among the other chief causes of death during 1900 were pneumonia (32), valvular disease of the heart (18), cerebral softening (14), and senile decay (14). There were 63 persons between 70 and 90 died during 1900. 1 female patient died of enteric fever in October, and during the year 1 male and 1 female patient died of erysipelas.

**Accidents, inquests, and sudden deaths.** There have been 6 serious accidents during the year involving fractures of bone, but as every accident was reported fully to the sub-committee at the time, details are unnecessary here. Besides these accidents, the coroner held 3 inquests during 1900. On January 10th, an inquest, after a *post-mortem* examination, was held on the body of William Alexander, aged 53, who suffered from general paralysis of the insane, when the jury returned the following verdict :—“ That the said William Alexander died on the “ 7th January, 1900, at Leavesden Asylum, and his death was caused by being “ accidentally choked with a piece of meat, and no blame was attached to any person.”

On May 18th, an inquest, after a *post-mortem* examination, was held upon the body of Henry Mortong, aged 36, who suffered from epileptic fits. He was in an infirmary ward, but assisted the attendants in their work. Two attendants noticed the patient in a fit. They loosened his collar, put a pillow under his head, and otherwise treated him as they were in the habit of doing a patient in a fit. Later on they noticed he looked strange, and Dr. Hallett, assistant medical officer, was sent for. Dr. Hallett found the patient dead, and he also found bread in the patient's mouth. The jury returned the following verdict :—“ That the said “ Henry Mortong died at the Leavesden Asylum on the 16th May, 1900, and his “ death was caused by being suffocated while in a fit, but no blame is attached to “ any person.”

On June 11th, an inquest, after a *post-mortem* examination, was held upon the body of Elizabeth Flook, aged 88, when the jury returned the following verdict :— “ That the said Elizabeth Flook died at Leavesden Asylum on 8th June, 1900, from “ senile decay, death having been accelerated by fracture of the left thigh bone which “ she sustained by having fallen in the airing court on the 26th May, and further “ the jurors say that they consider no blame for the fall is attached to any person.”



There were 2 cases of unexpected deaths in which the coroner did not deem an inquest necessary. Full particulars were presented at the time to the sub-committee.

**Entertain-ments and amuse-ments provided for the patients.** The weekly dances, several cricket matches, and several football matches have taken place as usual.

\* \* \* \* \*

Entertainments, all of which were much enjoyed, were given by the Social Dramatic Company (3), by the Star Dramatic Company, by Mr. Gatti and friends, by the Granville Theatre of Varieties Company, and by Mr. R. P. Goodacre.

A village shopkeeper brings at frequent intervals such of his goods as are authorised either into the recreation hall or into the cricket field, and sells to those of the patients who possess money. A good number of the patients' friends send money and stamps to their relatives, and this money is liable to get stolen or lost. The stall affords a means of getting rid of the money, besides giving great pleasure to the patients in doing their own shopping. The success of the experiment depends upon the shopkeeper and upon the proper supervision of his goods.

**Improve-ments and additions.** The whole of the male wards have now been repainted and redecorated, all the floors being dry-rubbed instead of scrubbed.

No. IV. block has been converted into 3 much-needed infirmary wards of 50 beds each.

A new dispensary has been fitted up and opened.

A coal store has been added to the needle room.

A renewal of the internal sanitary fittings throughout the asylum has taken place.

An extra storey has been added to the laundrymaids' quarters, so that each laundrymaid now has a bedroom of her own.

Two circular walks have been made around the asylum estate, one for male and one for female patients. They are regularly used, except on wet days, and have already proved a great boon by allaying excitement and improving health.

Many other smaller improvements, alterations, and additions have also taken place, and several more are contemplated. Among the latter none is so important as the alterations in the laundry, so urgently needed, first because of the constant danger there is by the daily mixing of male and female patients and male and female officials, who all work together, and second because the antiquated arrangements and machinery can hardly cope with the work now thrown upon them.

**Staff.** \* \* \* \* \*

The excellent services rendered during the epidemic of influenza by Drs. Anderson and Fleck, temporarily lent respectively from Darenth and Caterham Asylums, must be specially recorded. The sub-committee specially thanked 17 of the female and 14 of the male officials for their services during the epidemic, when so much extra work fell upon them, not only on account of the illness among the patients, but also because so many of their fellow-officials were ill.

\* \* \* \* \*

In May, the sub-committee decided to engage a second superintendent nurse, and Miss Crouchley, a trained hospital nurse, was appointed to the office.

\* \* \* \* \*

The Medico-Psychological Association now recognise the experience obtainable at Leavesden Asylum as a sufficient training for those who wish to be candidates for the nursing certificates. A syllabus of lectures and demonstrations has been made out, and the assistant medical officers, with the superintendent nurses, are actively lecturing and training those of the staff who wish to obtain the nursing certificate and the St. John Ambulance Association's certificates.

\* \* \* \* \*

Six attendants who were reservists were called out.

\* \* \* \* \*

The duration of service of the staff is shown in the following table:—

					Males.	Females.	Total.
Under 1 year	..	..	..	..	45	37	82
Over 1 year and under 2	..	..	..	..	25	23	48
„ 2	„	„	3	..	12	11	23
„ 3	„	„	5	..	10	12	22
„ 5	„	„	10	..	16	9	25
„ 10	„	„	15	..	16	7	23
„ 15	„	„	20	..	16	3	19
„ 20	„	„	25	..	8	3	11
„ 25	„	„	30	..	8	—	8
					<u>156</u>	<u>105</u>	<u>261</u>

\* \* \* \* \*

**General remarks.**

The number of patients working on December 31st was as follows:—

Males.	Females.	Total.
380	376	756

One of the duties of the third assistant medical officer is to encourage as many of the patients as possible to be at work, but it is difficult to push this very far owing to the weak, helpless character of so many of the patients.

There were 9 cases of measles in the early part of the year, all among the young male adult patients transferred from Darent Asylum. 7 patients had erysipelas, of which 5 recovered and 2 died. Scarlet fever occurred among the children of the senior head attendant, resident on the estate, but precautions were taken and the disease did not attack the patients.

\* \* \* \* \*

The well water has been a constant source of anxiety during the year, and indeed ever since it was proved to be the cause of the epidemic of enteric fever, enteritis, and pneumonia in 1899. It has been bacteriologically examined every month by Dr. Cartwright Wood, and on May 1st, after it had been uniformly good for some months, it was decided to use it unboiled once more, and to cease using the additional water supplied by the Abbots Langley Water Company. Unfortunately Dr. Cartwright Wood's report in May was not so good as usual, and during May and June there were 35 cases of diarrhoea, 1 of which ended fatally and was proved by *post-mortem* examination to be enteritis similar in character to



that which was prevalent in 1899. As Dr. Cartwright Wood's reports for June, July, and August were good, it was believed that the cases of diarrhœa were due to old water stored in the large cisterns at the top of every block.

In September, however, a sample of the water was adversely reported upon as "approaching in character those samples which were taken during the period of "the epidemic last year." Since this report all water supplied to the patients and staff is either boiled or else got from the Abbots Langley Water Company. At the end of the year the water was reported upon as good.

There was no epidemic of diarrhœa in the autumn, but there was one fatal case of enteric fever in a female patient. A nurse had enteric fever in January, but recovered. The committee, acting on expert advice, decided it would be too costly to bring in a fresh supply of drinking water, the contamination of the well was considered inevitable, and a steriliser, which is guaranteed to both sterilise and soften all the water for use in the asylum, is now being erected.

There was no necessity during 1900 to use seclusion, mechanical restraint, or strong dresses in the treatment of the patients.

The increase of staff, allowed by the committee, gives by day 1 attendant to 16 patients and by night 1 attendant to 50 patients. All the patients now sleep under continuous supervision, which removes a source of much anxiety to those responsible for them. The table below gives information as to the satisfactory way in which the night nursing is performed :—

	Males.	Females.
Average number of faulty patients } per night during the year .. }	18·49	36
Average number of dirty articles } per night during the year .. }	64·96	112·84
Total number of soiled mattresses } during the year .. .. }	44	33

The night supervision was organised earlier on the male side, and the number of female patients is greater than the male, which are the two reasons that account for the difference in the two columns of figures.

\* \* \* \* \*

(Signed) FRANK ASHBY ELKINS, M.D.,  
Medical Superintendent.

## No. 2.

## CATERHAM ASYLUM.

CATERHAM VALLEY, SURREY,

January, 1901.

**Statistics.** The statistical results of the past year may be thus classified:—

	Males.	Females.	Total.
On 1st January, 1900, the asylum contained ... ..	931	1,074	2,005
Admitted during the year ... ..	41	51	92
Total number under treatment during the year ... ..	972	1,125	2,097
Discharged during the year ... ..	19	12	31
Died during the year... ..	58	76	134
Remaining in the asylum on 31st December, 1900 ... ..	895	1,037	1,932

**Admissions.** There was a decrease of 52 in the number of admissions as compared with the preceding year. This was due to the reduction made in the normal accommodation of the asylum for both male and female patients in May last, which necessitated the further non-admission of patients until the number of beds had been reduced to the standard laid down. I am unable to report any material improvement in the bodily condition of the fresh admissions, a large proportion of whom require infirmary treatment on their arrival, owing to their chronic enfeebled condition, and I do not anticipate such occurring until the Tooting Asylum infirmary, now in course of erection, is ready for the reception of patients. 19 were between 60 and 70 years of age, and 11 between 70 and 80. I cannot but think that many of these aged people might with advantage be retained and adequately treated in their respective workhouse infirmaries, instead of being transferred to an asylum to end their days, as they are only the subject of senile dementia, quiet in their demeanour, and easily managed.

13 male and 21 female patients were transferred to this asylum from the London County Council Asylum, Cane Hill, Surrey.

**Deaths.** The mortality for the year was 134, giving a percentage of 6·8 on the average number resident. 6 were due to cancer, 4 to colitis, and 39 to senile decay, comprising 31 between 70 and 80 years of age, 5 between 80 and 90, and 2 over 90. It will thus be seen that nearly a third of the deaths were due to the decay of old age. Phthisis pulmonalis accounted for only 8, being the same number as in the preceding year. I see no reason to alter the opinion I then expressed, viz., that our comparative immunity from pulmonary consumption is due to the salubrity of the site (610 feet above sea level), chalk subsoil, and the exceptionally dry, bracing air.

The number of *post-mortem* examinations was 83. These are made in all cases where the relatives raise no objection, and since July, 1897, a notice has been sent



on the arrival of a patient, to the nearest relative, that on the death of a patient it is desirable that a *post-mortem* examination shall be made, and that it is assumed, unless hearing to the contrary, that no objection is entertained on the part of the relatives to such an examination being made. The majority, however, of the deceased were admitted prior to this date, and in these cases frequent objections were raised.

**Discharges.** The number of recoveries was 12, being 5 more than were similarly discharged during 1899. 5 left the asylum as relieved, and 13 as not improved, 10 of whom were transferred to the London County Council Asylum, Cane Hill, as either dangerous or suicidal. 1 female was transferred, at the request of relatives, in order that she might be more easily visited, to Darenth Asylum.

The average number resident in the asylum during the year was 1,980.

It is a matter for congratulation that another year has passed without the occurrence of any form of epidemic disease, and this, I think, is some evidence of the very satisfactory sanitary condition of the asylum. The health of the patients has also been generally good.

It has not been necessary to employ mechanical restraint in the treatment of the patients during the past year.

**Causation.** The causes assigned are less, numerically, than they would otherwise have been, owing to the foot-note instruction that transfers from other asylums are not to be included in this table; thus, causes were given in 15 out of 34 cases transferred. I do not think that too much reliance should be placed on the assigned causes given by relatives; for instance, 8 only out of 92 admissions are given as due to intemperance, which would not, in my opinion, in any way represent the proportion due to this cause. The predisposing cause is, of course, the important one. Exciting causes assigned by the relatives are frequently misleading. The opinion expressed in my annual report to the committee of 1880 entirely represents my present views on the subject, I cannot, therefore, do better than repeat it:—

“The supposed causes of the mental condition of those admitted, not being given on their certificates of admission, there is an absence of data from which to form an accurate estimate as to the most frequent predisposing factor in the causation of insanity of these cases, but from the evidence I have subsequently obtained from the relatives of the patients, and in many cases from the patients themselves, I am of opinion that the combined causes of hereditary predisposition and alcoholic intemperance, the latter in the majority of cases indirectly rather than directly, will account for the mental condition of a large proportion of our population.”

**Entertainments.** The recreation of the patients has received the attention it demands. The weekly dancing and musical entertainment during the winter months is especially popular amongst them. The asylum brass band, consisting of 12 capable instrumentalists, nearly all of whom have been members of regimental bands, in addition to performing at the weekly dances, play selections in the grounds and also at the cricket matches during the summer months. Theatrical and variety entertainments have also been given by visitors from London, and afforded much gratification.



**Works.** Plans for the enlargement and entire re-arrangement of the laundry, including the provision of considerable additional machinery, have been approved, and I trust the work will soon be commenced, as there is considerable difficulty experienced in keeping pace with the pressing requirements of the asylum, and it will be possible when the structural alterations, which comprise the more effectual separation of the sexes, are carried out, to safely employ more female patients' labour in this department.

Thatched rustic shelters, similar in design and accommodation to the one erected last year in male B epileptic airing court, are now in course of construction in all the male and female airing courts, and will be ready for use in the early spring. These shelters will prove a source of great comfort and protection from weather to the patients.

Two large hot closets, heated by steam, to be erected in the central kitchen, for the purpose of retaining the heat in the joints pending their issue to the various blocks, have been approved by the committee and will shortly be ready for use.

A scheme for warming the main and cross corridors by means of hot-water radiators has been approved by the Asylums Committee.

One of Messrs. Fraser & Co.'s milk sterilisers has been fixed in the kitchen and in daily use for some months.

\* \* \* \* \*

**Staff.** The average daily number of staff employed during the year was :—

A.	Medical staff	..	{	Medical superintendent	}	4
			{	Three assistant medical officers	}	
B.	Nursing staff	..	{	This includes matron, assistant	}	128
			{	matron, head attendants, and	}	
			{	superintendent nurse	}	
c.	Other staff	..	..	..	..	105

The conduct of the attendants and *employés* has, with a few exceptions, been satisfactory.

The material increase in the staff of attendants sanctioned by the Board will, I feel assured, be productive of good results, not only as regards the better supervision of the patients, but by facilitating an increased number of patients being able to enjoy walks beyond the asylum grounds.

There have been comparatively few changes in the staff of male and female attendants during the past year.

The situations of those reservists who are now at the seat of war in South Africa are being kept open until their return, a number of temporary attendants having been engaged to deputise for them.

Whilst on this subject I regret to state that Attendant Private William Tilley, serving with his regiment, the 2nd Wilts, in South Africa, was killed in action on December 22nd at Honing Spruit.

\* \* \* \* \*

**General remarks.** The statistical tables for this year have been compiled in accordance with those adopted by the Medico-Psychological Association, and which are in use in all the public asylums of the country, thus giving a uniformity of particulars.



\* \* \* \* \*

The Medico-Psychological Association has recently decided on recognising the asylums under the Board as training schools for the purpose of entering the examination for their nursing certificate. A course of lectures with a view of preparing the nurses has been given, and, in addition, classes are now being arranged with the intention of qualifying the male and female attendants to obtain the certificates for first aid and sick nursing of the St. John Ambulance Association.

The Asylums Committee were good enough to grant me lengthened leave of absence, owing to my impaired health, in the spring, and I desire to record the thoroughly able and in every way efficient manner in which I found on my return, the control and general administration of the asylum had been carried out by my colleague, Dr. Campbell.

\* \* \* \* \*

The efficiency of the fire brigade has been tested on several occasions by surprise calls in the presence of the sub-committee, and the very quick response of the alarm, and the energetic and smart work of the men have been most gratifying. The means available for extinguishing fire will shortly be increased by the addition of a steam fire engine.

\* \* \* \* \*

(Signed) G. STANLEY ELLIOT,  
*Medical Superintendent.*

No. 3.

DARENTH ASYLUM.

DARENTH, DARTFORD, KENT,  
*January, 1901.*

I have the honour to submit to you the annual report for these asylums for the year 1900, together with the usual statistical tables. These tables have this year been prepared on the plan adopted by the Medico-Psychological Association, and the returns for the whole institution have been made on one set of tables.

**Statistics.** The following is a brief summary of the statistics :—

	Males.	Females.	Total.
On January 1st, 1900, the asylum contained .. .. .	1,062	899	1,961
Admitted during the year... .. .	104	130	234
Total under treatment during the year ... .. .	1,166	1,029	2,195
Discharged during the year ... .. .	52	78	130
Died during the year... .. .	40	35	75
Remaining in the asylum on December 31st, 1900 ... .. .	1,074	916	1,990

**Admissions.** The total number of patients admitted during the past year has been 234, *i.e.*, 104 males and 130 females. This number is considerably larger than for many previous years, the increase being accounted for by the

transfer of a number of cases early in the year to Leavesden and the filling of the vacancies thus caused by new admissions from the parishes. The object in transferring these patients to Leavesden was to prevent that asylum from receiving so many old and feeble cases for which there was not suitable accommodation.

Of the total admissions, 132, *i.e.*, 47 males and 85 females, have been to the adult, and 102, *i.e.*, 57 males and 45 females, to the children's department. Of those admitted to the adult 14 women and 3 men were over 70 years of age and had to be sent to the infirmary wards. The bodily condition of the remainder was fairly good. Table XI. shows the mental condition of those admitted, and it will be seen that a large number were suffering from different forms of chronic insanity, such as are received at the county asylums; 3, *i.e.*, 2 men and 1 woman, were suffering from general paralysis, and a comparatively small number were congenital cases, *i.e.*, imbeciles and idiots. Most of the cases over 60 years of age were simply cases of senile decay, such as could be well cared for in a home, and it has been frequently pointed out that cases of this sort are not suitable for an asylum, and require infirmary rather than asylum treatment.

44 of the female cases were transferred from county asylums and 1 from Caterham; 2 males were transferred from Leavesden.

With one exception, a case of juvenile general paralysis, all the patients received into the children's department were suffering from congenital insanity. 34 males and 33 females were imbeciles, and 23 males and 12 females were idiots. 19 of the males and 14 of the females suffered from epilepsy proper, apart from convulsions. 34 males and 25 females appear to be capable of receiving some instruction, but the prognosis for the remainder is unfavourable.

The following table shows the admissions to the children's department, classified according to the particular type of congenital insanity :—

	Males.	Females.	Total.
Imbecility, with epilepsy or convulsions ...	21	14	35
Microcephalic ... ..	26	23	49
Microcephalic with epilepsy or convulsions	1	3	4
Hydrocephalic ,, ,, ,,	3	2	5
Hydrocephalic ,, ,, ,,	4	...	4
Mongolian ... ..	1	1	2
General paralysis ... ..	1	1	2
	...	1	1
	57	45	102

\* \* \* \* \*

**Discharges.** During the year 52 males and 78 females were discharged, a total of 130; of this number, 10 males and 5 females were children, of whom 4 males and 3 females were improved, and 6 males were sent to other asylums of the Board. Of the adults, 40 males and 69 females were transferred to Leavesden for reasons before stated, 1 male and 5 females were discharged to county asylums as "dangerous to themselves or others," and 1 female, who on admission was suffering from melancholia, was discharged recovered. With regard to the discharges from the children's department, all have been on guardians' orders or at the request of friends, with the exception of the 6 transferred to Leavesden. In my opinion,



only in very exceptional cases should imbeciles be discharged as fit to earn their living, especially when one remembers how large a part heredity plays in the causation of insanity.

**Deaths.** There have been 75 deaths, and of this number 40 were males and 35 females. This gives the very low rate of 3·82 per cent. on the average number resident. This rate is the more remarkable when one considers that a number of the cases received were old and feeble, and that in the children's department a large proportion of the patients are crippled, helpless, and epileptic. Of the deaths, 28 occurred in the children's department and 47 in the adult. The causes of death were very varied, and are shown in table V. 13 were due to tubercular disease, and of this number the primary seat of the disease was the lungs in 12, and 1 was a case of tubercular peritonitis. These figures are practically the same as last year, but I am pleased to say the amount of tubercular disease now in the asylum is very small, and I feel confident that the numbers will decrease now that dry polishing of the floors has been substituted for the former scrubbing. 2 patients, 1 male and 1 female, died from juvenile general paralysis, as against 6 last year; in one of these there was a well-marked history of inherited syphilis. The other causes of death call for no special comment except one case, who died from *angina ludovici*, a somewhat rare disease. *Post-mortem* examinations were made in the case of 35 males and 33 females, or 90·6 per cent. of all deaths.

No inquests have been held during the year.

**Accidents.** No serious accident has occurred. There have been a few cases of fracture of limbs, chiefly from falls, but all have done well.

**Restraint and seclusion.** It has not been found necessary to employ either of these forms of treatment during the past year.

**Epidemics.** In April last, there was unfortunately an outbreak of scarlet fever in the children's department, which continued until the end of August. In all, 27 patients and 2 members of the staff were attacked; all these were treated at Gore Farm Hospital. The type of disease was mild, and no deaths occurred. The source of the outbreak could not be traced. An isolation building where suspicious cases of infectious disease can be placed, and if necessary treated, is very badly required. The building originally intended for this purpose is continually occupied by cases of ringworm and ophthalmia. When the amalgamation of the two departments can be carried out, it may be possible to set aside wards for these latter diseases, and allow the isolation block to revert to its original use. Towards the end of the year there was an outbreak of German measles, again confined to the children's department. Isolated cases of varicella have also occurred throughout the year, and there has been one case of measles in the adult.

Ringworm and ophthalmia still occur, but the number of cases is small; it seems, however, in spite of rigorous isolation, impossible to stamp out these diseases.

**Causation.** I propose to consider this separately for the two divisions of the institution, and to deal first with the children's department.

Dr. Beresford has taken great trouble to obtain reliable histories from the friends of the children admitted, and has succeeded in doing so in the case of 54 of the 57 males and in 32 of the 45 females.

In dealing with congenital insanity, there is no doubt that hereditary influences are by far the most important factors, and that the exciting cause given by the friends is as a rule of very little consequence.

The hereditary factors that must be considered are insanity (including epilepsy), phthisis, syphilis, and alcohol. One other factor I propose to include, *i.e.*, abnormal labour. This, although not hereditary, affects patients at such an early age that I think it wise to place it in the list with the others.

The following table shows for the different types of insanity the number of times in which a history of each factor could be obtained :—

Type of Insanity.	History of Insanity.			History of Phthisis.			History of Syphilis.			History of Alcohol.			Abnormal Labour.		
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
Imbecility, with { Epilepsy)	5	2	7	10	2	12	1	...	1	1	1	2	11	4	15
Imbecility ...	7	3	10	3	3	6	2	...	2	3	...	3	8	7	15
Microcephalic ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
,, with Epilepsy	...	1	1	1	1	2	...	...	...	...	1	1	1	1	2
Hydrocephalic ...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2
,, with Epilepsy	...	...	...	2	1	3	...	...	...	...	...	...	1	...	1
General Paralysis ...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
	12	7	19	16	8	24	3	...	3	4	2	6	22	13	35

It will be seen that there was an hereditary history of insanity in 19 cases, or 22 per cent. of those of whom a history could be obtained, and a family history of phthisis in 24 cases, or 28 per cent., but the other two hereditary factors, syphilis and alcohol, give but small percentages. It must not, however, be forgotten that it is very difficult to obtain histories of these latter two.

The number of cases in which the labour was abnormal is very striking, *i.e.*, 35 out of a total of 86, and this large proportion would certainly suggest some connection between the abnormal labour and the patient's mental condition. I find, however, of these abnormal labours, 13 were first labours, *i.e.*, 3 girls and 10 boys. With regard to the association of any particular type of imbecility with one or more of the hereditary causes, the number of cases dealt with is too small to draw any conclusions, but this is a subject well worthy of further consideration.

It has been far more difficult to obtain histories of the patients admitted to the adult department. Many are old and have no friends, and many are transfers from other asylums; but it will be noticed that intemperance in drink is the probable cause in 11 cases, old age was the cause in 22, and 29 were cases of congenital insanity.

**Industries.** The following table gives a summary of the amount of work done in the past year in the various shops and in the needlerooms, together with the number of patients employed, and the length of time; it also shows the



number of paid staff. The two departments of the asylum are shown separately, A standing for adult and C for children.

Industry.	Number of Patients Employed.		Average time Employed.		Number of Staff.		Articles Made.		Articles Repaired.	
	A.	C.	A.	C.	A.	C.	A.	C.	A.	C.
Upholsterer's shop ...	17	...	hours. $4\frac{3}{4}$	hours. ...	1	...	101	...	7,218	...
Tailor's ,, ...	17	25	$4\frac{1}{2}$	$2\frac{3}{4}$	1	1	432	425	4,217	6,723
Shoemaker's ,, ...	16	27	$4\frac{1}{2}$	$2\frac{1}{2}$	1	1	335	123	2,218	1,448
Needleroom .. ...	10	14*	4	$2\frac{1}{2}$	4	7	9,507	12,159	...	17,014
Mending room ...	10	...	...	...	1	...	...	...	21,309	...

The ward cleaning in the schools and pavilions is now done by patients. By utilising patient labour for this purpose it has been found possible to dispense with the services of 10 scrubbers, who were paid 15s. a week each. This change has been gradually brought about during the past two years. The patients so employed range in age from 15 years upwards. 3 women who were employed in the mending room repairing clothes have also been found unnecessary, and thus a saving in wages of £507 a year has been effected.

In the adult laundry 31 female patients are employed morning and afternoon, and 9 in the afternoon only ; and in the schools laundry, 14 female patients from the adult department work morning and afternoon, and 4 patients from the children's department are employed for half the day.

In addition to the above 60 male patients from the adult and 10 from the children's department are employed on the farm and grounds. Of course, a large proportion of these are unable to do much, but the little they can do is turned to account, and the out-door life is very beneficial to many.

**School work and progress.**

The head schoolmistress sends me the following report of the school for the past year :—

<b>Statistics.</b>	“ Number of names on school registers on 31st December, 1900 :—									
	Boys ..	227	Attending all day .. ..	212						
	Girls ..	166	,, half-day .. ..	150						
			,, $2\frac{1}{2}$ hours per day	31						
	Total ...	393			Total ..	393				
			Number of removals .. ..	68						
			,, discharges .. ..	5						
			,, deaths .. ..	2						
			Total ..	75						

**History.** Children have been absent the greater part of the year from various blocks owing to an outbreak of first, scarlet fever, and second, measles, which has interfered with the school routine and reduced the daily attendances in number.

\* 12 of the 14 patients shown above as working in the needleroom in the children's department have only been so employed since October last.

**Progress.** Though working under the above difficulties, the year has been a very marked one as to the general progress of the children, especially as regards the various manual occupations, which are developing steadily into recognised industries.

**Paper work.** This is a new occupation since last year, and so far has been very successful. Balls, flowers, umbrellas, and toilet tidies make artistic work for little fingers, and the lessons are always eagerly anticipated by the younger children.

Below is a summary of the year's work :—

No.	Industry.	Number of Articles.	Amount Realised.
1	Cane basket work ... ..	286	£ s. d. 8 17 2
2	Plain and fancy knitting ..	243	19 14 7½
3	Paper work ... ..	150	0 16 4
4	Macramé knotting ... ..	84	4 14 7
5	Rag work ... ..	11	5 9 6
6	Plain and fancy sewing ...	48	6 5 11
		822	45 18 1½

Articles made and credited to institution :—

No.	Industry.	Number of Articles.	
1	Cane basket work ... ..	19 baskets ...	£ s. d. 1 13 0
2	Cane chair seating ... ..	40 chairs ...	2 0 0
3	Osier basket work ... ..	138 baskets ...	14 1 7
4	Stripping and cutting osiers ...	90 bundles ...	3 17 6
		287	21 12 1

Articles of clothing made, repaired, and ironed for the institution :—

- 1. Articles made .. .. . 603
- 2. „ repaired .. .. . 709
- 3. „ ironed .. .. . 932”

**Amuse-ments.** During the past year, as in previous years, care has been taken to provide the patients with as much amusement and recreation as possible. All through the winter months there were weekly entertainments, consisting of theatricals, dances, concerts, &c., and in the summer as many patients as possible were encouraged to join in the out-door games. The excellent asylum band . . . . has contributed largely to the enjoyment of all, both patients and staff. The annual fête was held in July, and was again favoured by fine weather. This is a day greatly looked forward to by the inmates, and is anticipated for many weeks beforehand. It provided a happy day for all.

The Christmas entertainment for the younger patients was held on Christmas



afternoon, and every child received a present from the Christmas tree. The editor of *Truth* kindly sent a large consignment of toys.

\* \* \* \* \*

**Instruction  
for nurses  
and  
attendants.**

During the year lectures and demonstrations have been given by the assistant medical officers and myself to the members of the male and female nursing staff, and these lectures have been well attended. In January, an examination for the first aid certificate of the St. John Ambulance Association was held, and 6 attendants and 14 nurses were successful, and later 11 attendants and 15 nurses gained certificates from the association for sick nursing.

In May, 5 nurses entered for the Medico-Psychological examination, and I am very pleased to say all were successful. This, I believe, was the first examination of the sort ever held in this asylum. The Medico-Psychological Association have now recognised the adult department of Darenth in addition to Leavesden and Caterham Asylums as training schools for nurses and attendants, and I trust the time is not far distant when the Board will require all officers from charge attendants upwards to hold this certificate, the only generally recognised one for mental nursing.

At the present time 32 of the 41 nurses in the adult department hold certificates from the Medico-Psychological or St. John Ambulance Associations.

As a result of the instruction given, the nursing is now intelligently carried out, and of course the patients reap the benefit. Bedsores, one of the surest tests of nursing efficiency, are now almost unknown, and this in spite of the fact that a majority of the cases are of defective habits and many crippled and helpless.

**Building  
and  
improve-  
ments.**

The following work, which I last year reported as being in progress, has now been completed:—

- (1.) The remodelling of the sanitary arrangements in the adult department.
- (2.) The plastering of the outside of the south, west, and part of the east sides of the front blocks and corridors of the adult department.
- (3.) The redecoration of the adult department.

\* \* \* \* \*

The improved appearance of the wards brought about by the new floors and the redecoration is very marked, and they would hardly be recognised as the wards of two years ago. It is now generally agreed amongst asylum authorities that the surroundings of patients exercise considerable influence on their mental condition, and this is an important reason why wards should be as bright and cheerful as possible. There is also no doubt that the dry rubbing of floors is greatly superior from a health point of view to scrubbing, and especially is this the case in asylums, where floors require so frequently to be cleaned.

Owing to the occurrence of scarlet fever, it was found necessary to redecorate five blocks in the children's department.

\* \* \* \* \*

The following is a list of the more important new work completed or in progress :—

- (1.) New outside coal, foul linen, and dust stores for blocks 5, 6, 7, 8, 9, and 11 (completed). All the blocks in the adult department are now provided with these stores.
- (2.) Tar-paving and laying out the airing courts of blocks 1 and 2, 4, 7, 10 and 11 (in progress).
- (3.) Gravelling paths and laying out airing courts of pavilions 29 and 32.

In my report last year I pointed out the necessity for the outside coal, foul linen, and dust stores, and these have proved to be a great acquisition to the wards. When the tar-paving and laying out of the airing courts is completed, it will be a great boon to the patients, and will enable them to obtain far more outdoor recreation than at present, and in grounds which will be much more attractive. The sub-committee have recently ordered a large number of forest trees to be planted in the courts and round the pavilions, and these in the course of a few years should provide shade for the patients in summer.

**Staff.** The number of changes amongst the staff still continues high, and especially is this the case with the male staff, but I am pleased to record that the changes during the latter part of the year have not been nearly so numerous as in the early part. The numbers who have left are as follow : —

Male attendants	..	..	..	..	..	55 out of a total staff of	77
Female attendants..	adult department	8	„	„	„	43	
„	„	children's	„	32	„	„	95

In July last, the Board adopted the new wages scale which gave increased salaries to all members of the subordinate staff, and the new rules which will shortly be presented to the Board will allow all attendants one whole day a week off duty, and these concessions ought to greatly diminish the present large number of changes. The sub-committee have recently set aside a room for reading, &c., for the male attendants, and the question of providing better accommodation for the female staff of the adult department is now under consideration. A nurses' block is urgently required. I would point out that an attendant's work in this asylum, owing to the class of patients, is harder, less interesting, and less varied than in an ordinary county asylum.

\* \* \* \* \*

(Signed) F. R. P. TAYLOR, M.D., B.S. (LOND.),  
Medical Superintendent.



ASYLUM STATISTICS.—TABLE I.—Admissions, Re-admissions,

	LEAVESDEN ASYLUM.					
	Males.	Females.	Total.	Males.	Females.	Total.
In the asylums, 1st January, 1900 ... ..	...	...	...	897	1,088	1,985
Cases admitted—						
First admissions ... ..	32	28	60	...	...	...
Not first admissions ... ..	...	1	1	...	...	...
From other asylums of the Board ... ..	46	69	115	...	...	...
Total cases admitted during the year ... ..	...	...	...	78	98	176
Total cases under care during the year ... ..	...	...	...	975	1,186	2,161
Cases discharged—						
Recovered ... ..	2	3	5	...	...	...
Relieved ... ..	5	2	7	...	...	...
Not improved ... ..	16	16	32	...	...	...
To other asylums of the Board ... ..	2	...	2	...	...	...
Died ... ..	137	173	310	...	...	...
Total cases discharged and died during the year ... ..	...	...	...	162	194	356
Remaining in the asylums, 31st December, 1900 ... ..	...	...	...	813	992	1,805
Average number resident during the year... ..	...	...	...	863	1,042	1,905
Persons* under care during the year† ... ..	...	...	...	975	1,186	2,161
Persons admitted ... ..	...	...	...	78	98	176
Persons recovered ... ..	...	...	...	2	3	5
Transferred from other asylums not under the Board‡ ... ..	...	...	...	15	...	15
Transferred to other asylums not under the Board§ ... ..	...	...	...	12	10	22

\* Persons, *i.e.*, separate persons in contradistinction to “cases,” which may include the same individual more than once.  
† Total cases, minus re-admissions of patients discharged during the current year.

TABLE II.—Admissions, Re-admissions, Discharges, and Deaths  
[N.B.—The following are the dates of the opening of the several Asylums:—

	LEAVESDEN ASYLUM.					
	Males.	Females.	Total.	Males.	Females.	Total.
Persons admitted during the period of 30 years and 83 days ...	4,293	4,139	8,432	...	..	...
Re-admissions ... ..	55	23	78	...	...	...
Admissions from other asylums of the Board ... ..	240	312	552	...	..	...
Total cases admitted ... ..	...	...	...	4,588	4,474	9,062
Discharged cases—						
Not insane ... ..	13	8	21	...	...	...
Recovered ... ..	256	134	390	...	...	...
*Relieved ... ..	251	171	422	...	...	...
Not improved ... ..	346	322	668	...	...	...
To other asylums of the Board ... ..	49	34	83	...	...	...
Died ... ..	2,860	2,813	5,673	...	...	...
Total cases discharged and died since opening of the asylum ...	...	...	...	3,775	3,482	7,257
Remaining 31st December, 1900 ... ..	...	...	...	813	992	1,805
Average number resident during the 30 years and 83 days ...	...	...	...	838	1,049	1,887
†Transferred from other asylums not under the Board ... ..	...	...	...	As the annual reports of this asylum are only available since 1888, these cannot be ascertained.		
‡Transferred to other asylums not under the Board ... ..	...	...	...			

\* These include a few escapes which have occurred since the opening of the asylum.  
N.B.—From April 16th, 1873, to November, 1876, the North-Western Hospital (Hampstead) was used as an asylum for from the other asylums of the Board ; 222 patients (91 males and 131 females) died, and the remainder were discharged



Discharges, and Deaths during the Year ended 31st December, 1900.

CATERHAM ASYLUM.						DARENTH ASYLUM.						SUMMARY.					
Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
...	...	...	931	1,074	2,005	...	...	...	1,062	899	1,961	...	...	...	2,890	3,061	5,951
41	49	90	...	...	...	97	127	224	...	...	...	170	204	374	...	...	...
...	2	2	...	...	...	5	2	7	...	...	...	5	5	10	...	...	...
...	...	...	...	...	...	2	1	3	...	...	...	48	70	118	...	...	...
...	...	...	41	51	92	...	...	...	104	130	234	...	...	...	223	279	502
...	...	...	972	1,125	2,097	...	...	...	1,166	1,029	2,195	...	...	...	3,113	3,340	6,453
8	4	12	...	...	...	...	1	1	...	...	...	10	8	18	...	...	...
4	1	5	...	...	...	5	3	8	...	...	...	14	6	20	..	...	...
7	6	13	...	...	...	1	5	6	...	...	...	24	27	51	...	...	...
...	1	1	...	...	...	46	69	115	...	...	...	48	70	118	...	...	...
58	76	134	...	...	...	40	35	75	...	...	...	235	284	519	...	...	...
...	...	...	77	88	165	...	...	...	92	113	205	...	...	...	331	395	726
...	...	...	895	1,037	1,932	...	...	...	1,074	916	1,990	...	...	...	2,782	2,945	5,727
...	...	...	919	1,061	1,980	...	...	...	1,054	892	1,946	...	...	...	2,836	2,995	5,831
...	...	...	972	1,125	2,097	...	...	...	1,163	1,029	2,192	...	...	...	3,110	3,340	6,450
...	...	...	41	51	92	...	...	...	104	130	234	...	...	...	223	279	502
...	...	...	8	4	12	...	...	...	...	1	1	...	...	...	10	8	18
...	...	...	13	21	34	...	...	...	...	44	44	...	...	...	28	65	93
...	...	...	5	5	10	...	...	...	1	2	3	...	...	...	18	17	35

† Included in first admissions.  
§ Included with not improved cases.

from the Opening of the Asylums to the 31st December, 1900.  
CATERHAM, September 29th, 1870; LEAVESDEN, October 9th, 1870; and DARENTH, May 4th, 1880.]

CATERHAM ASYLUM.						DARENTH ASYLUM.						SUMMARY.					
Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
1,245	3,869	8,114	...	...	...	2,673	2,538	5,211	..	...	...	11,211	10,546	21,757	...	...	...
38	34	72	...	...	...	63	55	118	...	...	...	156	112	268	...	...	...
129	204	333	...	...	...	748	696	1,444	...	...	...	1,117	1,212	2,329	...	...	...
...	...	...	4,412	4,107	8,519	...	...	...	3,484	3,289	6,773	...	...	...	12,484	11,870	24,354
6	2	8	...	...	...	8	14	22	...	...	...	27	24	51	...	...	...
259	191	450	...	...	...	80	79	159	...	...	...	595	404	999	...	...	...
282	168	450	...	...	...	293	246	539	...	...	...	826	585	1,411	...	...	...
225	197	422	...	...	...	275	215	490	...	...	...	846	734	1,580	...	...	...
87	49	136	...	...	...	692	657	1,349	...	...	...	828	740	1,568	...	...	...
2,658	2,463	5,121	...	...	...	1,062	1,162	2,224	...	...	...	6,580	6,438	13,018	...	...	...
...	...	...	3,517	3,070	6,587	...	...	...	2,410	2,373	4,783	...	...	...	9,702	8,925	18,627
...	...	...	895	1,037	1,932	...	...	...	1,074	916	1,990	...	...	...	2,782	2,945	5,727
...	...	...	853	1,060	1,913	...	...	...	770	757	1,527	...	...	...	2,461	2,866	5,327
{...	...	...	261	329	590	§...	...	...	54	274	328	...	...	...	315	603	918
{...	...	...	217	197	414	...	...	...	1	7	8	...	...	...	218	204	422

† Included in the admissions.      ‡ Included with the not improved cases.      § Information prior to 1890 not obtainable.  
Imbeciles, and during that period 1,201 patients were admitted direct from the several parishes and unions, as well as some or transferred to the asylums at Leavesden and Caterham.



TABLE 1A.—Showing (1) the Previous Attacks among Persons admitted during 1900, and (2) the number of times they had previously Recovered in any Asylum.

LEAVESDEN ASYLUM.				CATERHAM ASYLUM.				DARENTH ASYLUM.				SUMMARY.			
PERSONS.				PERSONS.				PERSONS.				PERSONS.			
Males.	Females.	Total.		Males.	Females.	Total.		Males.	Females.	Total.		Males.	Females.	Total.	
3	4	7	...	1	3	4	...	Insufficient data obtainable, hence impossible to give reliable figures.			...	4	7	11	...
4	8	12	...	...	...	...	...				...	4	8	12	...
4	1	5	...	...	2	2	...				...	4	3	7	...
1	2	3	...	...	...	...	...				...	1	2	3	...
...	1	1	...	...	...	...	...				...	...	1	1	...
1	...	1	...	...	...	...	...				...	1	...	1	...
(2) Number of Times Patients Recovered.				In this Asylum.				In any Asylum.				In Board's Asylums.			
				M.	F.	Tl.		M.	F.	Tl.		M.	F.	Tl.	
Once	...	...	...	...	1	1	...	...	...	...	...	...	1	3	6
Twice	...	...	...	...	...	...	...	...	...	...	...	...	...	4	12
3 times	...	...	...	...	...	...	...	...	...	...	...	...	...	4	5
4	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3
5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
6	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1

TABLE 1A. — Admissions and Recoveries of Persons\* from the opening of the Asylum to the 31st December, 1900 (30 years and 83 days).

LEAVESDEN ASYLUM.				CATERHAM ASYLUM.				DARENTH ASYLUM.				SUMMARY.			
PERSONS.				PERSONS.				PERSONS.				PERSONS.			
Males.	Females.	Total.		Males.	Females.	Total.		Males.	Females.	Total.		Males.	Females.	Total.	
4,533	4,451	8,984	Persons* admitted during 30 years and 83 days	4,374	4,073	8,447	Persons* admitted during 30 years and 83 days	...	...	...	...	8,907	8,524	17,431	Persons* admitted during 30 years and 83 days
256	134	390	Persons discharged during the same period ...	259	191	450	Persons discharged during the same period ...	...	...	...	...	515	325	840	Persons discharged during the same period ...
Insufficient data obtainable, hence impossible to give reliable figures.			Of whom were re-admitted relapsed†...	Insufficient data obtainable, hence impossible to give reliable figures.			Of whom were re-admitted relapsed†...	Insufficient data obtainable, hence impossible to give reliable figures.			Of whom were re-admitted relapsed†...	Insufficient data obtainable, hence impossible to give reliable figures.			Of whom were re-admitted relapsed†...
			Recovered persons who have not relapsed ...				Recovered persons who have not relapsed ...				Recovered persons who have not relapsed ...				Recovered persons who have not relapsed ...
			Relapsed persons discharged recovered‡				Relapsed persons discharged recovered‡				Relapsed persons discharged recovered‡				Relapsed persons discharged recovered‡
			Net recovered persons§ ...				Net recovered persons§ ...				Net recovered persons§ ...				Net recovered persons§ ...

\* Persons, i.e., separate persons in contradistinction to cases, which may include the same individual more than once.  
† i.e., persons who have relapsed one or more times.  
‡ i.e., after last re-admission. if relapsed more than once.  
§ i.e., recovered persons, sane at the present time, so far as the asylum statistics show.





TABLE III.—Admissions, Discharges, and Deaths, with the Mean Annual Mortality and

YEAR.	ADMITTED.									DISCHARGED.											
	From Parishes and Unions.*			From other Asylums of Board.			Total.			Recovered.			Relieved.			Not Improved.†			To other Asylums of Board.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
LEAVESDEN ASYLUM.																					
1891 ... ..	179	150	329	...	...	...	179	150	329	13	8	21	14	12	26	7	9	16	...	...	...
1892 ... ..	185	151	336	...	1	1	185	152	337	17	7	24	7	4	11	13	14	27	...	...	...
1893 ... ..	160	95	255	...	...	...	160	95	255	13	5	18	10	...	10	10	7	17	...	...	...
1894 ... ..	154	112	266	...	...	...	154	112	266	12	4	16	9	4	13	19	7	26	...	...	...
1895 ... ..	126	127	253	...	...	...	126	127	253	6	1	7	4	4	8	10	7	17	1	1	...
1896 ... ..	139	102	241	...	...	...	139	102	241	8	...	8	5	3	8	21	9	30	1	...	...
1897 ... ..	145	103	248	...	...	...	145	103	248	13	...	13	8	6	14	18	10	28	...	...	...
1898 ... ..	119	135	254	...	...	...	119	135	254	18	9	27	5	6	11	19	18	37	...	...	...
1899 ... ..	184	135	319	12	11	23	196	146	342	9	4	13	25	5	30	29	19	48†	...	...	...
1900 ... ..	32	29	61	46	69	115	78	98	176	2	3	5	5	2	7	16	16	32	2	...	...
CATERHAM ASYLUM.																					
1891 ... ..	104	108	212	...	...	...	104	108	212	3	4	7	2	5	7	5	7	12	...	...	...
1892 ... ..	103	115	218	...	...	...	103	115	218	5	2	7	5	3	8	6	8	14	...	...	...
1893 ... ..	86	76	162	...	...	...	86	76	162	2	2	4	4	5	9	11	10	21	...	...	...
1894 ... ..	102	113	215	...	...	...	102	113	215	6	4	10	4	3	7	6	5	11	...	...	...
1895 ... ..	85	76	161	...	...	...	85	76	161	7	1	8	5	1	6	13	3	16	...	...	...
1896 ... ..	84	59	143	1	...	1	85	59	144	6	3	9	3	5	8	11	7	18	...	...	...
1897 ... ..	84	58	142	...	...	...	84	58	142	1	4	5	5	...	5	8	5	13	...	...	...
1898 ... ..	80	120	200	...	...	...	80	120	200	6	3	9	2	4	6	5	8	13	...	...	...
1899 ... ..	76	68	144	...	...	...	76	68	144	3	4	7	3	1	4	10	8	18	...	...	...
1900 ... ..	41	51	92	...	...	...	41	51	92	8	4	12	4	1	5	7	6	13	..	1	...
DARENTH ASYLUM.																					
1891 ... ..	167	156	323	...	...	...	167	156	323	7	13	20	14	14	28	19	11	30	...	...	...
1892 ... ..	101	78	179	11	31	42	112	109	221	7	3	10	6	2	8	15	7	22	11	31	...
1893 ... ..	88	95	183	45	44	89	133	139	272	4	9	13	6	13	19	20	9	29	45	44	...
1894 ... ..	75	117	192	40	13	53	115	130	245	2	3	5	3	2	5	11	3	14	38	13	...
1895 ... ..	96	76	172	26	46	72	122	122	244	10	3	13	10	6	16	7	21	28	25	45	...
1896 ... ..	83	57	140	27	29	56	110	86	196	5	9	14	22	14	36	11	8	19	27	29	...
1897 ... ..	76	56	132	24	33	57	100	89	189	1	5	6	20	13	33	8	5	13	24	33	...
1898 ... ..	61	34	95	19	25	44	80	59	139	...	...	...	8	3	11	17	8	25	19	25	...
1899 ... ..	38	25	63	14	10	24	52	35	87	...	...	...	3	2	5	4	6	10	26	21	...
1900 ... ..	102	129	231	2	1	3	104	130	234	...	1	1	5	3	8	1	5	6	46	69	115
SUMMARY.																					
1891 ... ..	450	414	864	...	...	...	450	414	864	23	25	48	30	31	61	31	27	58	...	...	...
1892 ... ..	389	344	733	11	32	43	400	376	776	29	12	41	18	9	27	34	29	63	11	31	...
1893 ... ..	334	266	600	45	44	89	379	310	689	19	16	35	20	18	38	41	26	67	45	44	...
1894 ... ..	331	342	673	40	13	53	371	355	726	20	11	31	16	9	25	36	15	51	38	13	...
1895 ... ..	307	279	586	26	46	72	333	325	658	23	5	28	19	11	30	30	31	61	26	46	...
1896 ... ..	306	218	524	28	29	57	334	247	581	19	12	31	30	22	52	43	24	67	28	29	...
1897 ... ..	305	217	522	24	33	57	329	250	579	15	9	24	33	19	52	34	20	54	24	33	...
1898 ... ..	260	289	549	19	25	44	279	314	593	24	12	36	15	13	28	41	34	75	19	25	...
1899 ... ..	298	228	526	26	21	47	324	249	573	12	8	20	31	8	39	43	33	76	26	21	...
1900 .. ..	175	209	384	48	70	118	223	279	502	10	8	18	14	6	20	24	27	51	48	70	118

\* Including transfers from asylums not under Board. † Including transfers to asylums not under Board.  
‡ Includes 3 males, 1 female, not insane.



proportion of Recoveries per cent. on the Admissions for the year 1891, and each subsequent year.

DIED.			Remaining December 31st in each year.			Average Numbers Resident.			Percentage of Recoveries on Admissions.			Percentage of Deaths on Average Numbers Resident.		
Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
114	132	246	872	1,082	1,954	851	1,089	1,940	7.2	5.3	6.3	13.4	12.1	12.7
131	111	242	889	1,098	1,987	857	1,068	1,925	9.2	4.6	7.1	15.3	10.4	12.6
117	85	202	899	1,096	1,995	894	1,097	1,991	8.1	5.3	7.0	13.1	7.7	10.1
118	97	215	895	1,096	1,991	894	1,095	1,989	7.7	3.5	6.0	13.0	8.9	10.1
103	116	219	897	1,094	1,991	895	1,096	1,991	4.7	0.8	2.8	11.5	10.5	11.0
107	88	195	894	1,096	1,990	893	1,097	1,990	5.8	0.0	3.3	12.0	8.0	9.8
100	84	184	900	1,099	1,999	895	1,095	1,990	8.9	0.0	5.2	11.1	7.6	9.2
92	102	194	885	1,099	1,984	889	1,097	1,986	15.1	6.6	10.6	10.3	9.3	9.8
121	129	250	897	1,088	1,985	869	1,083	1,952	4.6	2.7	3.8	13.9	11.9	12.8
137	173	310	813	992	1,805	863	1,042	1,905	2.5	3.06	2.8	15.8	16.6	16.2
76	86	162	937	1,064	2,001	922	1,060	1,982	2.8	3.7	3.3	8.2	8.1	8.1
83	95	178	941	1,071	2,012	919	1,045	1,964	3.8	1.7	2.7	9.0	9.0	9.0
72	66	138	938	1,064	2,002	940	1,070	2,010	2.3	2.6	2.4	7.6	6.1	6.8
94	91	185	930	1,074	2,004	931	1,071	2,002	5.8	3.5	4.6	10.0	8.5	9.2
57	73	130	933	1,072	2,005	932	1,070	2,002	8.2	1.3	4.9	6.1	6.8	6.4
73	43	116	925	1,073	1,998	929	1,074	2,003	7.1	5.0	6.2	7.8	4.0	5.7
66	72	138	929	1,050	1,979	931	1,063	1,994	1.2	6.9	3.5	7.0	6.8	6.9
67	83	150	929	1,072	2,001	931	1,056	1,987	7.5	2.5	4.5	7.1	7.8	7.5
58	53	111	931	1,074	2,005	932	1,070	2,002	3.9	5.8	4.8	6.2	4.9	5.5
58	76	134	895	1,037	1,932	919	1,061	1,980	19.5	7.8	13.7	6.3	7.2	6.8
52	63	115	1,020	943	1,963	977	904	1,881	...	0.01	0.01	10.08	13.83	11.95
53	58	111	1,040	951	1,991	1,036	950	1,986	9.99	5.17	7.58	10.65	10.46	10.55
68	90	158	1,034	932	1,966	1,038	929	1,967	4.54	9.72	7.13	13.00	18.10	15.55
53	74	127	1,042	967	2,009	1,037	934	1,971	1.20	6.00	3.60	10.50	15.05	12.77
35	56	91	1,077	958	2,035	1,056	955	2,011	10.52	5.26	7.89	7.00	10.73	8.86
41	47	88	1,081	937	2,018	1,077	943	2,020	6.02	15.78	10.90	7.57	9.31	8.44
43	34	77	1,085	936	2,021	1,065	934	1,999	1.31	5.31	3.31	8.09	7.11	7.60
43	31	74	1,078	928	2,006	1,133	934	2,067	...	...	...	8.87	7.11	7.99
35	35	70	1,062	899	1,961	1,073	916	1,989	...	...	...	6.90	7.70	7.30
40	35	75	1,074	916	1,990	1,054	892	1,946	...	0.23	0.23	3.79	3.92	3.85
42	281	523	2,829	3,089	5,918	2,750	3,053	5,803	5.1	6.0	5.5	8.8	9.2	9.0
37	264	531	2,870	3,120	5,990	2,812	3,063	5,875	7.3	3.1	5.3	9.4	8.6	9.0
37	241	498	2,871	3,092	5,963	2,872	3,096	5,968	5.0	5.1	5.0	8.9	7.7	8.3
35	262	527	2,867	3,137	6,004	2,862	3,100	5,962	5.4	3.1	4.2	9.3	8.4	8.8
35	245	440	2,907	3,124	6,031	2,883	3,121	6,004	6.9	1.5	4.2	6.8	7.8	7.3
31	178	399	2,900	3,106	6,006	2,899	3,114	6,013	5.6	4.9	5.3	7.6	5.7	6.6
39	190	399	2,913	3,085	5,998	2,891	3,092	5,983	4.5	3.6	4.1	7.2	6.1	6.6
32	216	418	2,892	3,099	5,991	2,953	3,087	6,040	8.6	3.8	6.1	6.8	6.9	6.9
4	217	431	2,890	3,061	5,951	2,874	3,069	5,943	3.7	3.2	3.4	7.4	7.0	7.2
5	284	519	2,782	2,945	5,727	2,836	2,995	5,831	4.5	2.8	3.6	8.2	9.4	8.8



TABLE IV.—History of the Annual Admissions since the opening of the Asylum, with the (Table VIII. in

ADMITTED.										OF EACH YEAR'S ADMISSIONS, DISCHARGED AND DIED IN 1900.														
YEAR.	New Cases.		Re-lapsed Cases.		From other Asylums of the Board.		TOTAL.			Re-covered.			Relieved.			Not Improved.			To other Asylums of the Board.			DIED.		
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Grand Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
LEAVESDEN ASYLUM.																								
1870 part of ...	468	556	...	...	...	...	468	556	1,024	...	...	...	...	...	...	...	...	...	...	9	10	1		
1871 ...	520	545	...	...	...	...	520	545	1,065	...	...	...	...	...	...	...	...	...	...	7	8	1		
1872 ...	163	256	...	...	...	...	163	256	419	...	...	...	...	...	...	...	...	...	...	...	3	...	...	
1873 ...	141	165	...	...	41	30	182	195	377	...	...	...	...	...	...	...	...	...	...	1	4	...		
1874 ...	115	149	1	...	1	13	117	162	279	...	...	...	...	...	...	...	...	...	...	...	6	...	...	
1875 ...	111	108	1	1	...	...	112	109	221	...	...	...	...	...	...	...	...	...	...	...	2	...	...	
1876 ...	158	79	...	...	126	184	284	263	547	...	...	...	...	...	...	...	...	...	...	5	4	...		
1877 ...	95	...	...	...	1	4	96	4	100	...	...	...	...	...	...	...	...	...	...	3	...	...		
1878 ...	69	1	1	...	13	...	83	1	84	...	...	...	...	...	...	...	...	...	...	1	...	...		
1879 ...	80	89	...	...	...	...	80	89	169	...	...	...	...	...	...	...	...	...	...	...	2	...	...	
1880 ...	92	75	...	...	...	...	92	75	167	...	...	...	...	...	...	...	...	...	...	2	4	...		
1881 ...	85	71	4	1	...	...	89	72	161	...	...	...	...	...	...	...	...	...	...	...	4	...	...	
1882 ...	82	85	3	2	...	...	85	87	172	...	...	...	...	...	...	...	...	...	...	1	2	...		
1883 ...	75	106	5	1	...	...	80	107	187	...	...	...	...	...	...	...	...	...	...	1	5	...		
1884 ...	56	96	2	...	...	...	58	96	154	...	...	...	...	...	...	...	...	...	...	...	4	...	...	
1885 ...	71	97	2	...	...	...	73	97	170	...	...	...	...	...	...	...	...	...	...	...	2	...	...	
1886 ...	62	83	3	3	...	...	65	86	151	...	...	...	...	...	...	...	...	...	...	1	4	...		
1887 ...	80	92	2	...	...	...	82	92	174	...	...	...	...	...	...	...	...	...	...	1	4	...		
1888 ...	71	83	2	...	...	...	73	83	156	...	...	...	...	...	...	...	...	...	...	...	4	...	...	
1889 ...	140	121	2	1	...	...	142	122	264	...	...	...	...	...	...	...	...	...	...	...	6	...	...	
1890 ...	162	155	1	2	...	...	163	157	320	...	...	...	...	...	...	...	...	...	...	4	5	...		
1891 ...	176	148	3	2	...	...	179	150	329	...	...	...	...	...	...	1	...	1	...	5	8	...		
1892 ...	181	149	4	2	...	1	185	152	337	...	...	...	...	...	...	2	...	2	...	11	8	...		
1893 ...	156	95	4	...	...	...	160	95	255	...	...	...	...	...	...	2	1	3	...	8	8	...		
1894 ...	148	112	6	...	...	...	154	112	266	...	...	...	...	...	...	1	2	3	...	8	5	...		
1895 ...	125	125	1	2	...	...	126	127	253	...	...	...	...	...	...	...	1	1	...	13	3	...		
1896 ...	136	100	3	2	...	...	139	102	241	...	...	...	...	...	...	2	...	2	...	4	9	...		
1897 ...	143	102	2	1	...	...	145	103	248	...	...	...	...	...	...	...	1	1	...	5	7	...		
1898 ...	118	134	1	1	...	...	119	135	254	...	...	...	...	...	...	...	1	1	...	8	10	...		
1899 ...	182	134	2	1	12	11	196	146	342	...	...	...	4	1	5	7	8	15	...	31	25	...		
1900 ...	32	28	...	1	46	69	78	98	176	2	3	5	1	1	2	2	2	4	2	...	8	7	...	
Totals ..	4,293	4,139	55	23	240	312	4,588	4,474	9,062	2	3	5	5	2	7	16	16	32	2	...	2	137	173	...
CATERHAM ASYLUM.																								
1870 part of ..	156	202	...	...	...	...	156	202	358	...	...	...	...	...	...	...	...	...	...	2	2	...		
1871 ...	664	870	...	...	...	...	664	870	1,534	...	...	...	...	...	...	...	...	...	...	3	7	...		
1872 ...	259	161	...	...	...	...	259	161	420	...	...	...	...	...	...	...	...	...	...	2	2	...		
1873 ...	183	167	1	...	...	...	184	167	351	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
1874 ...	240	169	2	3	72	36	314	208	522	...	...	...	...	...	...	...	...	...	...	...	1	...	...	
1875 ...	158	180	...	...	...	...	158	180	338	...	...	...	...	...	...	1	...	1	...	...	...	...	...	
1876 ...	173	170	5	5	33	167	211	342	553	...	...	...	...	...	...	...	...	...	...	1	6	...		
1877 ...	178	56	2	...	...	1	180	57	237	...	...	...	...	...	...	...	...	...	...	...	2	...	...	
1878 ...	157	47	...	...	17	...	174	47	221	...	...	...	...	...	...	...	...	...	...	4	...	...		
1879 ...	176	84	...	...	6	...	182	84	266	...	...	...	...	...	...	...	...	...	...	2	1	...		
1880 ...	122	87	2	6	...	...	124	93	217	...	...	...	...	...	...	...	...	...	...	...	1	...	...	
1881 ...	122	105	...	...	...	...	122	105	227	...	...	...	...	...	...	...	...	...	...	...	1	...	...	
1882 ...	81	85	...	2	...	...	81	87	168	...	...	...	...	...	...	...	...	...	...	...	1	...	...	
1883 ...	73	37	3	3	...	...	76	40	116	...	...	...	...	...	...	...	...	...	...	...	1	...	...	
1884 ...	98	102	2	1	...	...	100	103	203	...	...	...	...	...	...	1	...	1	...	2	2	...	...	
1885 ...	59	48	3	3	...	...	62	51	113	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
1886 ...	115	91	3	1	...	...	118	92	210	...	...	...	...	...	...	...	...	...	...	1	...	...	...	
1887 ...	103	90	2	1	...	...	105	91	196	...	...	...	...	...	...	...	...	...	...	2	...	...	...	
1888 ...	83	81	...	...	...	...	83	81	164	...	...	...	...	...	...	...	...	...	...	2	2	...	...	
1889 ...	92	78	...	1	...	...	92	79	171	...	...	...	...	...	...	...	...	...	...	2	1	...	...	
1890 ...	119	122	2	1	...	...	121	123	244	1	...	1	1	...	1	...	1	1	...	...	1	...	...	
1891 ...	104	108	...	...	...	...	104	108	212	...	...	...	...	...	...	...	...	...	...	3	3	...	...	
1892 ...	101	114	2	1	...	...	103	115	218	...	...	...	...	...	...	...	...	...	...	3	6	...	...	
1893 ...	86	76	...	...	...	...	86	76	162	...	...	...	...	...	...	...	...	...	...	1	3	...	...	
1894 ...	100	112	2	1	...	...	102	113	215	...	...	...	...	...	...	1	1	2	...	3	6	...	...	
1895 ...	85	75	...	1	...	...	85	76	161	...	...	...	1	...	1	...	...	...	...	2	...	...	...	
1896 ...	83	59	1	...	1	...	85	59	144	...	...	...	1	...	1	2	...	2	...	4	...	...	...	
1897 ...	84	58	...	...	...	...	84	58	142	...	...	...	...	...	...	1	...	1	...	3	...	...	...	
1898 ...	77	119	3	1	...	...	80	120	200	...	...	...	1	...	1	...	3	3	...	5	...	...	...	
1899 ...	73	67	3	1	...	...	76	68	144	6	...	6	...	1	1	1	1	2	...	1	1	...	...	
1900 ...	41	49	..	2	...	...	41	51	92	1	4	5	...	...	...	...	...	...	...	3	...	...	...	
Totals ...	4,245	3,869	38	34	129	204	4,412	4,107	8,519	8	4	12	4	1	5	7	6	13	...	1	1	58	70	...



Discharges and Deaths, and the numbers of each year remaining on the 31st December, 1900.  
previous reports.)

TOTAL DISCHARGED AND DIED OF EACH YEAR'S ADMISSIONS.															Remaining of each year's Admissions 31st December, 1900.		
Recovered.			Relieved.			Not Improved.			To other Asylums of the Board.			DIED.					
Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
15	8	23	26	21	47	25	44	69	12	4	16	348	435	783	42	44	86
20	15	35	30	23	53	50	49	99	15	10	25	364	387	751	41	61	102
12	6	18	12	11	23	15	14	29	5	14	19	119	186	305	...	25	25
9	4	13	9	6	15	17	21	38	10	5	15	130	142	272	7	17	24
7	2	9	2	7	9	13	17	30	2	...	2	93	126	219	...	10	10
5	3	8	3	5	8	17	13	30	...	...	...	76	78	154	11	10	21
13	3	16	18	7	25	11	13	24	...	...	...	210	196	406	32	44	76
7	...	7	5	...	5	3	...	3	...	...	...	68	4	72	13	...	13
5	...	5	4	...	4	3	...	3	...	...	...	60	1	61	11	...	11
3	3	6	3	5	8	3	7	10	...	...	...	58	56	114	13	18	31
8	4	12	10	8	18	8	2	10	...	...	...	60	40	100	6	21	27
11	7	18	7	5	12	7	3	10	...	...	...	59	51	110	5	6	11
3	6	9	3	5	8	3	3	6	...	...	...	66	60	126	10	13	23
4	2	6	7	8	15	4	8	12	...	...	...	59	69	128	6	20	26
2	8	10	3	3	6	5	7	12	...	...	...	38	72	110	10	6	16
4	9	13	5	4	9	5	8	13	...	...	...	53	60	113	6	16	22
3	...	3	3	1	4	7	3	10	...	...	...	37	59	96	15	23	38
4	3	7	5	3	8	5	5	10	...	...	...	59	62	121	9	19	28
5	3	8	4	2	6	7	3	10	...	...	...	47	54	101	10	21	31
9	4	13	10	5	15	8	12	20	...	...	...	96	75	171	19	26	45
14	12	26	12	8	20	12	6	18	...	...	...	105	92	197	20	39	59
14	6	20	7	9	16	13	12	25	...	...	...	119	80	199	26	43	69
14	6	20	11	4	15	21	10	31	...	...	...	106	84	190	33	48	81
12	4	16	8	2	10	15	7	22	...	...	...	95	61	156	30	21	51
10	2	12	9	5	14	16	10	26	...	...	...	82	56	138	37	39	76
8	2	10	9	3	12	17	9	26	2	1	3	59	68	127	31	44	75
10	1	11	4	4	8	13	7	20	...	...	...	54	41	95	58	49	107
8	1	9	8	4	12	9	10	19	...	...	...	53	38	91	67	50	117
9	5	14	4	...	4	7	10	17	...	...	...	37	43	80	62	77	139
6	2	8	9	2	11	19	15	34	1	...	1	42	30	72	119	97	216
2	3	5	1	1	2	1	2	3	2	...	2	8	7	15	64	85	149
256	134	390	251	171	422	359	330	689*	49	34	83	2,860	2,813	5,673	813	992	1,805
4	4	8	7	13	20	6	7	13	2	1	3	111	144	255	26	33	59
47	31	78	50	30	80	47	36	83	19	6	25	473	669	1,142	28	98	126
24	12	36	24	10	34	11	9	20	16	11	27	173	110	283	11	9	20
19	10	29	19	6	25	13	19	32	11	8	19	104	112	216	18	12	30
18	24	42	30	13	43	1	...	1	36	18	54	199	128	327	30	25	55
13	11	24	10	8	18	9	8	17	1	3	4	115	129	244	10	21	31
2	11	13	21	13	34	5	9	14	...	...	...	148	243	391	35	66	101
...	...	...	14	4	18	5	3	8	1	...	1	131	40	171	29	10	39
5	3	8	11	1	12	4	5	9	1	...	1	121	28	149	32	10	42
6	4	10	9	4	13	13	1	14	...	...	...	127	47	174	27	28	55
7	4	11	11	7	18	8	7	15	...	...	...	81	60	141	17	15	32
3	2	5	6	5	11	10	4	14	...	...	...	77	73	150	26	21	47
9	10	19	5	5	10	2	5	7	...	...	...	45	52	97	20	15	35
11	4	15	4	3	7	3	1	4	...	1	1	41	21	62	17	10	27
7	12	19	9	10	19	6	4	10	...	...	...	58	57	115	20	20	40
2	2	4	...	1	1	5	2	7	...	...	...	39	33	72	16	13	29
12	5	17	7	6	13	10	4	14	...	...	...	66	49	115	23	28	51
7	4	11	6	2	8	6	6	12	...	...	...	57	46	103	29	33	62
4	5	9	6	...	6	5	6	11	...	...	...	49	47	96	19	23	42
8	3	11	4	4	8	5	8	13	...	...	...	56	39	95	19	25	44
8	6	14	4	3	7	9	6	15	...	...	...	63	59	122	37	49	86
5	2	7	1	2	3	4	5	9	...	...	...	52	57	109	42	42	84
2	2	4	1	1	2	6	11	17	...	...	...	48	53	101	46	48	94
8	3	11	2	5	7	8	5	13	...	...	...	43	31	74	25	32	57
6	1	7	6	3	9	3	4	7	...	...	...	50	49	99	37	56	93
4	4	8	4	2	6	8	5	13	...	...	...	30	29	59	39	36	75
2	2	4	3	1	4	5	5	10	...	...	...	34	18	52	41	33	74
5	2	7	2	1	3	7	1	8	...	...	...	31	16	47	39	38	77
1	2	3	5	3	8	5	10	15	...	...	...	20	17	37	49	88	137
9	2	11	1	2	3	2	3	5	...	1	1	13	5	18	51	55	106
1	4	5	...	...	...	...	...	...	...	...	...	3	2	5	37	45	82
259	191	450	282	168	450	231	199	430*	87	49	136	2,658	2,463	5,121	895	1,037	1,932

\* Includes the " not insane " cases in Table II., p. 140.



TABLE IV. (contd.)—History of the Annual Admissions since the opening of the Asylum, with  
(Table VIII. in

ADMITTED.										OF EACH YEAR'S ADMISSIONS, DISCHARGED AND DIED IN 1900.														
YEAR.	New Cases.		Re-lapsed Cases.		From other Asylums of the Board.		TOTAL.			Re-covered.	Relieved.		Not Im-proved.		To other Asylums of the Board.			DIED.						
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Grand Total.		Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.		
DARENTH ASYLUM.																								
1870 part of	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
1871	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
1872	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
1873	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
1874	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
1875	47	34	11	6	155	124	213	164	377	...	...	...	...	...	...	...	...	...	...	...	...	...		
1876	69	36	7	4	...	4	76	44	120	...	...	...	...	...	...	...	...	...	...	...	...	...		
1877	32	23	...	1	...	...	32	24	56	...	...	...	...	...	...	...	...	...	...	...	...	...		
1878	50	16	2	4	1	...	53	20	73	...	...	...	...	...	...	...	...	...	...	...	...	...		
1879	89	64	1	1	...	...	92	65	157	...	...	...	...	...	...	...	...	...	...	...	...	...		
1880	77	228	...	1	25	54	100	283	383	...	...	...	...	...	...	1	3	4	...	2	...	...		
1881	66	63	1	2	...	13	67	78	145	...	...	...	...	...	...	...	1	1	...	...	...	...		
1882	240	241	...	2	78	17	318	260	578	...	...	...	...	...	...	3	2	5	4	3	...	...		
1883	194	234	1	2	6	8	201	244	445	...	...	...	...	...	1	1	...	4	4	1	2	...		
1884	115	93	4	2	...	...	119	95	214	...	...	...	...	...	...	1	2	3	...	1	...	...		
1885	86	81	3	1	22	30	111	112	223	...	...	...	...	...	...	...	4	4	1	...	...	...		
1886	107	94	5	3	20	8	132	105	237	...	...	...	...	...	...	1	3	4	...	1	...	...		
1887	124	96	1	5	12	69	137	170	307	...	...	...	...	...	...	...	2	2	1	...	...	...		
1888	121	108	2	2	145	86	268	196	464	...	...	...	...	...	...	4	6	10	3	...	...	...		
1889	219	171	3	4	26	9	248	184	432	...	...	...	...	...	...	8	6	14	5	2	...	...		
1890	167	144	3	4	52	42	222	190	412	...	...	...	...	...	...	...	3	3	...	1	...	...		
1891	163	156	4	...	...	...	167	156	323	...	...	...	...	...	1	1	2	6	8	1	2	...		
1892	99	76	2	2	11	31	112	109	221	...	...	...	...	...	...	2	4	6	4	1	...	...		
1893	86	92	2	3	45	44	133	139	272	...	...	...	...	...	1	1	3	7	10	5	3	...		
1894	75	117	2	...	38	13	115	130	245	...	...	...	...	...	...	3	6	9	2	1	...	...		
1895	95	75	1	1	26	46	122	122	244	...	...	...	...	...	...	5	7	12	2	3	...	...		
1896	82	56	1	1	27	29	110	86	196	...	...	...	...	...	...	5	1	6	2	4	...	...		
1897	76	55	...	1	24	33	100	89	189	...	...	1	...	1	...	3	...	3	3	4	...	...		
1898	61	33	...	1	19	25	80	59	139	...	...	1	2	3	...	3	...	3	...	...	...	...		
1899	36	25	2	...	14	10	52	35	87	...	...	1	1	2	...	2	1	3	2	2	...	...		
1900	97	127	5	2	2	1	104	130	234	...	1	1	2	...	2	1	2	3	...	1	...	...		
	2,673	2,538	63	55	748	696	3,484	3,289	6,773	...	1	1	5	3	8	1	5	6	46	69	115	40	35	7
SUMMARY.																								
1870 part of	624	758	...	...	...	...	624	758	1,382	...	...	...	...	...	...	...	...	...	11	12	2	...	...	
1871	1,184	1,415	...	...	...	...	1,184	1,415	2,599	...	...	...	...	...	...	...	...	...	10	15	2	...	...	
1872	422	417	...	...	...	...	422	417	839	...	...	...	...	...	...	...	...	...	2	5	...	...	...	
1873	324	332	1	...	41	30	366	362	728	...	...	...	...	...	...	...	...	...	1	4	...	...	...	
1874	355	318	3	3	73	49	431	370	801	...	...	...	...	...	...	...	...	...	...	7	...	...	...	
1875	316	322	12	7	155	124	483	453	936	...	...	...	...	...	1	...	1	...	...	2	...	...	...	
1876	400	285	12	9	159	355	571	649	1,220	...	...	...	...	...	...	...	...	...	6	10	1	...	...	
1877	305	79	2	1	1	5	308	85	393	...	...	...	...	...	...	...	...	...	3	2	...	...	...	
1878	276	64	3	4	31	...	310	68	378	...	...	...	...	...	...	...	...	...	5	...	...	...	...	
1879	345	237	1	1	6	...	354	238	592	...	...	...	...	...	...	...	...	...	2	3	...	...	...	
1880	291	390	2	7	25	54	316	451	767	...	...	...	...	...	...	1	3	4	2	7	...	...	...	
1881	273	239	5	3	...	13	278	255	533	...	...	...	...	...	...	...	1	1	...	5	...	...	...	
1882	403	411	3	6	78	17	484	434	918	...	...	...	...	...	...	3	2	5	5	6	...	...	...	
1883	342	377	9	6	6	8	357	391	748	...	...	...	...	...	1	1	...	4	4	2	8	...	...	
1884	269	291	8	3	...	...	277	294	571	...	...	...	...	...	1	...	1	1	2	3	2	7	...	
1885	216	226	8	4	22	30	246	260	506	...	...	...	...	...	...	...	4	4	1	2	...	...	...	
1886	284	268	11	7	20	8	315	283	598	...	...	...	...	...	...	1	3	4	2	5	...	...	...	
1887	307	278	5	6	12	69	324	353	677	...	...	...	...	...	...	...	2	2	4	4	...	...	...	
1888	275	272	4	2	145	86	424	360	784	...	...	...	...	...	...	4	6	10	5	6	...	...	...	
1889	451	370	5	6	26	9	482	385	867	...	...	...	...	...	...	8	6	14	7	9	...	...	...	
1890	448	421	6	7	52	42	506	470	976	1	...	1	...	1	...	1	3	3	4	7	...	...	...	
1891	443	412	7	2	...	...	450	414	864	...	...	...	...	...	1	1	2	6	8	9	15	...	...	
1892	381	339	8	5	11	32	400	376	776	...	...	...	...	...	2	...	2	4	6	18	15	...	...	
1893	328	263	6	3	45	44	379	310	689	...	...	...	...	...	2	2	4	3	7	10	14	14	...	
1894	323	341	10	1	38	13	371	355	726	...	...	...	...	...	2	3	5	3	6	9	13	12	...	
1895	305	275	2	4	26	46	333	325	658	...	...	1	...	1	...	1	5	7	12	17	9	...	...	
1896	301	215	5	3	28	29	334	247	581	...	...	1	...	1	4	...	4	5	1	6	10	15	...	
1897	303	215	2	2	24	33	329	250	579	...	...	1	...	1	1	2	3	...	3	11	18	...	...	
1898	256	286	4	3	19	25	279	314	593	...	...	2	2	4	...	4	4	3	...	13	17	...	...	
1899	291	226	7	2	26	21	324	249	573	6	...	6	5	3	8	8	9	17	2	4	41	31	...	
1900	170	204	5	5	48	70	223	279	502	3	8	11	3	1	4	2	4	6	2	1	3	15	12	...
	11,211	10,546	156	112	1,117	1,212	12,484	11,870	24,354	10	8	18	14	6	20	24	27	51	48	70	118	235	284	5

\* Includes the "not insane" cases in Table II., p. 141 (Darenth Asylum).



*the Discharges and Deaths, and the numbers of each year remaining on the 31st December, 1900.*  
previous reports.)

TOTAL DISCHARGED AND DIED OF EACH YEAR'S ADMISSIONS.															Remaining of each year's Admissions 31st December, 1900.		
Recovered.			Relieved.			Not Improved.			To other Asylums of the Board.			DIED.					
Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5	2	7	7	19	26	41	16	57	102	82	184	58	45	103	...	...	...
3	2	5	11	...	11	4	10	14	37	17	54	21	15	36	...	...	...
...	3	3	4	4	8	2	...	2	14	9	23	12	8	20	...	...	...
1	...	1	9	2	11	4	1	5	27	14	41	12	3	15	...	...	...
3	3	6	7	6	13	7	...	7	44	30	74	31	26	57	...	...	...
6	6	12	10	21	31	4	26	30	36	36	72	37	159	196	7	35	42
3	7	10	9	12	21	5	2	7	26	19	45	24	33	57	...	5	5
12	10	22	23	20	43	23	24	47	42	28	70	175	140	315	43	38	81
9	13	22	25	25	50	17	15	32	48	38	86	87	125	212	15	28	43
8	5	13	15	11	26	11	9	20	25	14	39	55	50	105	5	6	11
6	4	10	18	11	29	8	5	13	29	19	48	38	57	95	12	16	28
...	...	...	23	19	42	4	13	17	33	18	51	45	39	84	27	16	43
1	1	2	21	6	27	14	12	26	18	73	91	56	53	109	27	25	52
3	...	3	16	15	31	21	17	38	71	63	134	67	62	129	90	39	129
8	4	12	25	21	46	29	14	43	34	38	72	94	68	162	58	39	97
4	1	5	12	11	23	29	16	45	29	54	83	63	66	129	85	42	127
9	16	25	12	7	19	18	6	24	14	33	47	59	68	127	55	26	81
1	2	3	13	4	17	6	6	12	13	19	32	38	38	76	41	40	81
1	2	3	6	2	8	7	7	14	11	19	30	26	26	52	82	83	165
3	3	6	8	4	12	6	6	12	12	15	27	21	34	55	65	68	133
1	3	4	5	10	15	2	4	6	7	12	19	15	16	31	92	77	169
...	...	...	2	7	9	1	...	1	8	3	11	13	14	27	86	62	148
1	5	6	5	5	10	3	4	7	4	2	6	7	10	17	80	63	143
...	...	...	4	3	7	7	...	7	3	...	3	2	2	4	64	54	118
...	...	...	1	1	2	1	...	1	5	1	6	2	2	4	43	31	74
...	1	1	2	...	2	1	2	3	...	1	1	4	3	7	97	123	220
88	93	181*	293	246	539	275	215	490	692	657	1,349	1,062	1,162	2,224	1,074	916	1,990
19	12	31	33	34	67	31	51	82	14	5	19	459	579	1,038	68	77	145
67	46	113	80	53	133	97	85	182	34	16	50	837	1,056	1,893	69	159	228
36	18	54	36	21	57	26	23	49	21	25	46	292	296	588	11	34	45
38	14	42	28	12	40	30	40	70	21	13	34	234	254	488	25	29	54
25	26	51	32	20	52	14	17	31	38	18	56	292	254	546	30	35	65
23	16	39	20	32	52	67	37	104	103	85	188	249	252	501	21	31	52
18	16	34	50	20	70	20	32	52	37	17	54	379	454	833	67	110	177
7	3	10	23	8	31	10	3	13	15	9	24	211	52	263	42	10	52
11	3	14	24	3	27	11	6	17	28	14	42	193	32	225	43	10	53
12	10	22	19	15	34	23	8	31	44	30	74	216	129	345	40	46	86
21	14	35	31	36	67	20	35	55	36	36	72	178	259	437	30	71	101
17	16	33	22	22	44	22	9	31	26	19	45	160	157	317	31	32	63
24	26	50	31	30	61	28	32	60	42	28	70	286	252	538	73	66	139
24	19	43	36	36	72	24	24	48	48	39	87	187	215	402	38	58	96
17	25	42	27	24	51	22	20	42	25	14	39	151	179	330	35	32	67
12	15	27	23	16	39	18	15	33	29	19	48	130	150	280	34	45	79
15	5	20	33	26	59	21	20	41	33	18	51	148	147	295	65	67	132
12	8	20	32	11	43	25	23	48	18	73	91	172	161	333	65	77	142
12	8	20	26	17	43	33	26	59	71	63	134	163	163	326	119	83	202
25	11	36	39	30	69	42	34	76	34	38	72	246	182	428	96	90	186
26	19	45	28	22	50	50	28	78	29	54	83	231	217	448	142	130	272
28	24	52	20	18	38	35	23	58	14	33	47	230	205	435	123	111	234
17	10	27	25	9	34	33	27	60	13	19	32	192	175	367	120	136	256
21	9	30	16	9	25	30	19	49	11	19	30	164	118	282	137	136	273
19	6	25	23	12	35	25	20	45	12	15	27	153	139	292	139	163	302
13	9	22	18	15	33	27	18	45	9	13	22	104	113	217	162	157	319
12	3	15	9	12	21	19	12	31	8	3	11	101	73	174	185	144	329
14	8	22	15	10	25	19	15	34	4	2	6	91	64	155	186	151	337
10	7	17	13	6	19	19	20	39	3	...	3	59	62	121	175	219	394
15	4	19	11	5	16	22	18	40	6	2	8	57	37	94	213	183	396
3	8	11	3	1	4	2	4	6	2	1	3	15	12	27	198	253	451
603	418	1,021*	826	585	1,411	865	744	1,609†	828	740	1,568	6,580	6,438	13,018	2,782	2,945	5,727

† Includes the "not insane" cases in Table II., p. 141 (Leavesden and Caterham Asylums).



TABLE V.—Causes of Death during  
(Table VII. in

LEAVESDEN																											
CAUSE OF DEATH.				5 and under 10.			10 and under 20.			20 and under 25.			25 and under 30.			30 and under 35.			35 and under 40.			40 and under 45.			45 and under 50.		
				Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
CEREBRO-SPINAL DISEASES—																											
Cerebral hæmorrhage ... ..																											
Cerebral softening... ..																											
Cerebral softening and pulmonary tuberculosis																											
Cerebro-spinal meningitis ... ..																											
General paralysis of the insane ... ..												1	1					1	1		1	1	2	1			
General paralysis of the insane, with pneu- monia ... ..																					1	1					
General paralysis of the insane, with pul- monary tuberculosis ... ..																					1	1					
Maniacal exhaustion ... ..										1	1																
Organic brain disease ... ..																											
Status epilepticus ... ..										3	3	2	1	3								1	1				
Status epilepticus, with pulmonary tubercu- losis ... ..																1	1										
Tubercular meningitis ... ..																		1	1								
THORACIC DISEASES—																											
Bronchitis ... ..																											
Congestion of lungs ... ..																											
Fatty degeneration of the heart ... ..								1	1																		
Gangrene of the lungs ... ..																											
Influenzal pneumonia ... ..								1	1	2	1	1				2	2		1	2	3		1	1	1	4	
Influenzal bronchitis ... ..																				1	1						
Influenzal congestion of lungs ... ..																											
Pericarditis ... ..																											
Pleurisy ... ..																											
Pneumonia ... ..								1	1	1	1	1									2	2	1	4	5	2	
Pulmonary tuberculosis ... ..								1	1	3	1	4	2	4	6	6	2	8	2	7	9	8	4	12	8	5	
Pulmonary tuberculosis, with tubercular enteritis ... ..																											
Pulmonary tuberculosis and influenza... ..											1	1							1	1							
Valvular degeneration of the heart ... ..																				1	1	1	1				
Valvular disease of the heart, with influen- zal bronchitis or influen- zal pneumonia ... ..																											
ABDOMINAL DISEASES—																											
Acute enteritis ... ..																									1		
Carcinoma of bowels ... ..																											
Cirrhosis of liver ... ..																											
Endometritis ... ..																				1	1						
Nephritis ... ..																											
Peritonitis ... ..																2	2						1	1			
Psoas abscess ... ..											1	1															
Ulcerative enteritis ... ..																											
Ulcerative colitis ... ..																				1	1	1	1				
GENERAL DISEASES—																											
Enteric fever ... ..																											
Erysipelas ... ..																1	1										
Gangrene of the leg ... ..																											
General tuberculosis ... ..								1	1				1	1					1	1							
Influenza ... ..																											
Senile decay ... ..																											
ACCIDENT OR VIOLENCE—																											
Choking ... ..																				1	1						
Fracture of femur ... ..																											
Totals ... ..								4	2	6	9	3	12	5	6	11	9	5	14	7	18	25	13	12	25	13	10

N.B.—Number of cases in which the cause of death was ascertained by post-mortem



previous reports.)

examination shown by small figures in brackets, thus 20 (19).



TABLE V. (continued)—Causes of Death during  
(Table VII. in

CATERHAM																																								
CAUSE OF DEATH.												5 and under 10.		10 and under 20.		20 and under 25.		25 and under 30.		30 and under 35.		35 and under 40.		40 and under 45.		45 and under 50.														
												Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.								
CEREBRO-SPINAL DISEASES—																																								
Apoplexy ... ..																																								
Epilepsy ... ..															1		1	1								2		2												
Exhaustion of imbecility and pernicious anæmia ... ..																																								
General paralysis ... ..																		1		1				1		1		4		4		1		1						
Organic disease of the brain ... ..																										1		1					1		1					
Softening of brain.. ... ..																																								
Tumour of brain ... ..																																			1		1			
THORACIC DISEASES—																																								
Phthisis ... ..																				1		1	1	2	3	1	1	2							1		1			
Pneumonia ... ..																																								
Valvular degeneration of heart... ..																													1		1									
ABDOMINAL DISEASES—																																								
Bright's disease, chronic ... ..																															1		1		1		1			
Colitis ... ..																															1		1							
Cirrhosis of liver ... ..																							1		1															
Obstruction of bowels (volvulus) ... ..																																								
Peritonitis ... ..																																								
GENERAL DISEASES—																																								
Cancer ... ..																																								
Carbuncle ... ..																																								
Senile decay... ..																																								
Tuberculosis ... ..																																								
Totals ... ..															1		1	1	1	2	2		2	2	2	4	3	4	7	6		6	3	3	6					

DARENTH																		
CEREBRO-SPINAL DISEASES—																		
Apoplexy	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
Epilepsy	...	...	...	2	...	2	2	1	3	1	...	1	1	...	1	...	1	...
General paralysis	...	...	...	...	...	1	1	2	...	...	...	...	...	...	...	...	...	...
Glioma of spinal cord	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...
Hydrocephalus	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	1	...	...
Organic disease of the brain	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...
Spinal meningitis	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Suppurative otitis...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
THORACIC DISEASES—																		
Morbus cordis and cellulitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Phthisis	...	...	...	...	3	...	3	3	2	5	...	...	...	2	...	2	1	...
Pneumonia	...	...	...	...	3	3	6	...	1	1	3	...	3	3	...	3	1	...
Valvular degeneration of heart...	...	...	...	...	3	...	3	...	2	2	...	...	...	...	...	1	1	...
ABDOMINAL DISEASES—																		
Acute nephritis	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...
Peritonitis (tubercular)	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...
Peritonitis and psy. salpinx	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
GENERAL DISEASES—																		
Angino ludovici	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...
Cancer	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Marasmus	...	...	...	...	...	1	1	...	...	...	...	1	1	...	...	...	...	...
Senile decay...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis...	...	...	...	1	2	3	...	1	1	...	...	...	...	...	...	...	...	...
Totals	...	...	...	4	3	7	13	8	21	6	6	12	5	2	7	7	...	7



1900, together with the Ages at Death.  
previous reports.)

ASYLUM.																																			
50 and under 55.			55 and under 60.			60 and under 65.			65 and under 70.			70 and under 75.			75 and under 80.			80 and under 85.			85 and under 90.			90 and under 95.			95 and under 100.			100 and under 105.			TOTALS.		
Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.			
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2	1	3	1	...	1	...	2	2	...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
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...	2	2	2	2	4	2	4	6	2	5	7	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
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2	1	3	...	1	2	...	1	1	2	...	1	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...				
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7	7	14	8	7	15	3	9	12	6	10	16	7	12	19	8	14	22	1	4	5	...	1	1	...	2	2	...	...	...	...	...	...			
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[illegible]



TABLE V. (continued)—Causes of Death during  
(Table VII. in

SUM																																			
CAUSE OF DEATH.												5 and under 10.		10 and under 20.		20 and under 25.		25 and under 30.		30 and under 35.		35 and under 40.		40 and under 45.		45 and under 50.									
												Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.			
CEREBRO-SPINAL DISEASES—																																			
Apoplexy ... ..															1	1																			
Cerebral hæmorrhage ... ..																																			
Cerebral softening ... ..																																			
Cerebral softening and pulmonary tubercu- losis ... ..																																			
Cerebral spinal meningitis ... ..												1	1																						
Epilepsy ... ..												2	2	3	1	4	5	5	3	1	4	1	1	2	2	1	1								
Exhaustion of imbecility and pernicious anæmia ... ..																																			
General paralysis of the insane... ..															1	1	2	1	1		1	1	1	1	1	2	5	1	6	2	1	2			
General paralysis of the insane with pneumonia																												1	1						
General paralysis of the insane with pulmonary tuberculosis ... ..																										1	1								
Glioma of spinal cord ... ..																				1	1														
Hydrocephalus ... ..																	1	1			1	1													
Maniacal or melancholic exhaustion ... ..																	1	1																	
Organic brain disease ... ..																	1	1						1	1					1	1				
Status epilepticus with pulmonary tuberculosis																						1	1												
Suppurative otitis ... ..												1	1																						
Tubercular meningitis ... ..																								1	1										
Tumour of brain ... ..																															1	1			
THORACIC DISEASES—																																			
Bronchitis ... ..																																			
Congestion of lungs ... ..																																			
Fatty degeneration of the heart ... ..															1	1																			
Gangrene of the lungs ... ..																								1	1										
Influenzal bronchitis ... ..																								1	1										
Influenzal congestion of the lungs ... ..																																			
Influenzal pneumonia ... ..															1	1	2	1	1				2	2	1	2	3	1	1	1	4	5			
Morbis cordis and cellulitis ... ..																																			
Pericarditis ... ..																																			
Phthisis ... ..															4	4	6	3	9	3	4	7	9	4	13	4	8	12	8	4	12	8	6	14	
Pleurisy ... ..																																			
Pneumonia ... ..															4	3	7	1	1	2	3	3	3	3	1	2	3	1	5	6	2	1	3		
Pulmonary tuberculosis with tubercular enteritis ... ..																																			
Pulmonary tuberculosis and influenza ... ..																	1	1						1	1										
Valvular degeneration of the heart ... ..															3	3		2	2						2	2	2	1	3		1	1			
Valvular disease of the heart with influenzal bronchitis and influenzal pneumonia ... ..																																			
ABDOMINAL DISEASES—																																			
Acute enteritis ... ..																															1	1			
Bright's disease ... ..																												1	1	1		1			
Carcinoma of bowels ... ..																																			
Cirrhosis of liver ... ..																				1	1														
Colitis ... ..																									1	1									
Endometritis ... ..																									1	1									
Nephritis ... ..																				1	1														
Obstruction of bowels (volvulus) ... ..																																			
Peritonitis ... ..																							2	2				1	1						
Peritonitis (tubercular) ... ..															1	1																			
Peritonitis and psy. salpinx ... ..																																			
Psoas abscess ... ..																		1	1																
Ulcerative enteritis ... ..																																			
Ulcerative colitis ... ..																									1	1	1	1							
GENERAL DISEASES—																																			
Angino ludovici ... ..																	1	1																	
Cancer ... ..																																			
Carbuncle ... ..																																			
Enteric fever ... ..																																			
Erysipelas ... ..																						1	1												
Gangrene of the leg ... ..																																			
General tuberculosis ... ..												1	2	3	1	1	2			1	1			1	1										
Influenza ... ..																																			
Marasmus ... ..																1	1			1	1														
Syphilis ... ..																																			
Senile decay ... ..																																			
ACCIDENT OR VIOLENCE—																																			
Choking ... ..																									1	1									
Fracture of femur ... ..																																			
Totals ... ..												4	3	7	18	10	28	16	10	26	12	8	20	18	7	25	12	23	35	19	14	33	16	15	31

N.B.—Number of cases in which the cause of death was ascertained by *post-mortem* examination



1900, together with the Ages at Death.

previous reports.)

**MARY.**

[illegible]

shown by small figures in brackets, thus 20 (19) in respect of Leavesden Asylum. only.



TABLE VI.—Length of Residence in those Discharged  
(Table IX. in

LENGTH OF RESIDENCE.										LEAVESDEN ASYLUM.					
										Recovered.			Died.		
										Males.	Females.	Total.	Males.	Females.	Total.
Under 1 Month	...	...	...	...	...	...	...	...	...	...	...	...	3	...	3
From 1 to 3 Months	...	...	...	...	...	...	...	...	...	1	1	2	3	4	7
„ 3 to 6 „	...	...	...	...	...	...	...	...	...	...	1	1	6	1	7
„ 6 to 9 „	...	...	...	...	...	...	...	...	...	...	1	1	7	3	10
„ 9 to 12 „	...	...	...	...	...	...	...	...	...	1	...	1	3	8	11
„ 1 to 2 Years	...	...	...	...	...	...	...	...	...	...	...	...	17	16	33
„ 2 to 3 „	...	...	...	...	...	...	...	...	...	...	...	...	8	10	18
„ 3 to 5 „	...	...	...	...	...	...	...	...	...	...	...	...	9	16	25
„ 5 to 7 „	...	...	...	...	...	...	...	...	...	...	...	...	21	8	29
„ 7 to 10 „	...	...	...	...	...	...	...	...	...	...	...	...	24	24	48
„ 10 to 12 „	...	...	...	...	...	...	...	...	...	...	...	...	4	11	15
„ 12 to 15 „	...	...	...	...	...	...	...	...	...	...	...	...	2	12	14
„ 15 to 20 „	...	...	...	...	...	...	...	...	...	...	...	...	2	17	19
„ 20 to 25 „	...	...	...	...	...	...	...	...	...	...	...	...	11	10	21
„ 25 to 30 „	...	...	...	...	...	...	...	...	...	...	...	...	17	33	50
„ 30 and upwards	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	...	...	...	...	...	...	...	...	...	2	3	5	137	173	310

TABLE VII.—Duration of Insanity on Admission, in

CLASS.										LEAVESDEN ASYLUM.											
										DURATION OF DISEASE ON ADMISSION IN FIVE CLASSES.											
										Admissions.			Recoveries.			Removals not Recovered.			Deaths.		
										Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
First class—																					
First attack—Within 1 week on admission										...	...	...	...	...	...	...	...	...	...	...	...
„ 1 month „										...	...	...	...	...	...	...	...	...	...	...	...
„ 2 months „										...	...	...	...	...	...	...	...	...	...	...	...
„ 3 „ „										...	...	...	...	...	...	...	...	...	1	1	1
Second class—																					
First attack—Above 3 and within 6 months on admission										2	4	6	...	...	...	...	...	...	3	2	5
„ 6 „ 12 „ „										9	13	22	2	3	5	3	2	5	31	43	74
Third class—																					
Not first attack, and within 1 month on admission										...	...	...	...	...	...	...	...	...	...	...	...
„ „ „ 6 months „										2	3	5	...	...	...	8	2	10	15	22	37
„ „ „ 12 „ „										...	...	...	...	...	...	4	4	8	11	31	42
Fourth class—																					
First attack or not, but not over 12 months on admission										9	20	29	...	...	...	8	10	18	35	34	69
Fifth class—																					
Congenital										56	58	114	...	...	...	...	...	...	42	40	82
Unknown										...	...	...	...	...	...	...	...	...	...	...	...
										78	98	176	2	3	5	23	18	41	137	173	310

Recovered and in those who have Died during 1900.  
previous reports.)

CATERHAM ASYLUM.						DARENTH ASYLUM.						SUMMARY.					
RECOVERED.			DIED.			RECOVERED.			DIED.			RECOVERED.			DIED.		
Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
1	..	1	..	..	..	..	..	..	..	..	..	1	..	1	3	..	3
..	1	1	1	3	4	..	..	..	1	1	2	1	2	3	5	8	13
2	2	4	4	1	5	..	1	1	3	1	4	2	4	6	13	3	16
1	1	2	1	2	3	..	..	..	..	1	1	1	2	3	8	6	14
1	..	1	1	..	1	..	..	..	..	1	1	2	..	2	4	9	13
2	..	2	9	3	12	..	..	..	..	1	1	2	..	2	26	20	46
..	..	..	4	8	12	..	..	..	1	..	1	..	..	..	13	18	31
..	..	..	7	5	12	..	..	..	5	10	15	..	..	..	21	31	52
..	..	..	2	11	13	..	..	..	4	4	8	..	..	..	27	23	50
..	..	..	6	12	18	..	..	..	10	4	14	..	..	..	40	40	80
1	..	1	2	3	5	..	..	..	4	3	7	1	..	1	10	17	27
..	..	..	5	1	6	..	..	..	2	1	3	..	..	..	9	14	23
..	..	..	2	5	7	..	..	..	4	7	11	..	..	..	8	29	37
..	..	..	7	10	17	..	..	..	6	..	6	..	..	..	24	20	44
..	..	..	7	12	19	..	..	..	..	1	1	..	..	..	24	46	70
8	4	12	58	76	134	..	1	1	40	35	75	10	8	18	235	284	519

the Admissions, Discharges, and Deaths, during 1900.

CATERHAM ASYLUM.												DARENTH ASYLUM.												SUMMARY.											
DURATION OF DISEASE ON ADMISSION IN FIVE CLASSES.												DURATION OF DISEASE ON ADMISSION IN FIVE CLASSES.												DURATION OF DISEASE ON ADMISSION IN FIVE CLASSES.											
Ad- missions.			Re- coveries.			Re- movals not Re- covered.			Deaths.			Admissions.			Re- coveries.			Re- movals not Re- covered.			Deaths.			Admissions.			Re- coveries.			Removals not Recovered.			Deaths.		
Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.			
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..			
2	2	2	1	2	3	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	2	2	1	2	3	..	1	1	..	1	1	
..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..		
2	1	3	1	..	1	1	..	1	3	..	3	..	2	2	..	..	..	..	..	..	..	..	..	2	3	5	1	..	1	1	..	1	3	1	4
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
4	4	3	..	3	..	..	..	1	..	1	1	1	1	..	1	1	1	..	..	..	..	..	..	3	8	11	3	1	4	..	..	..	4	2	6
3	12	15	..	..	..	..	..	4	2	6	4	1	5	..	..	..	..	..	..	..	..	..	16	26	42	2	3	5	3	2	5	35	45	80	
..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	
..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	3	3	6	..	..	..	8	2	10	15	22	37	
..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	4	4	8	11	31	42	
24	41	3	2	5	4	5	9	22	43	65	6	23	29	..	..	..	..	..	..	..	..	..	32	67	99	3	2	5	12	15	27	57	77	134	
6	12	..	..	..	6	2	8	20	14	34	75	66	141	..	..	..	46	67	113	35	21	56	137	130	267	..	..	..	52	69	121	97	75	172	
2	15	..	..	..	..	..	..	8	15	23	14	38	52	..	..	..	6	10	16	5	14	19	27	40	67	..	..	..	6	10	16	13	29	42	
51	92	8	4	12	11	8	19	58	76	134	*103	130	233	..	1	1	52	77	129	40	35	75	*222	279	501	10	8	18	86	103	189	235	284	519	

\* One patient admitted twice during the year is only counted once, discharged improved, but not cured, care of parents.



TABLE VIII.—*Showing in Quinquennial Periods the Ages of those Admitted,*  
(In place of Tables X. and

AGES.	ADMISSIONS.						TOTAL ADMISSIONS.			RECOVERIES.			DEATHS.			PATIENTS RESIDENT 31ST DECEMBER, 1900.		
	From Parishes and Unions.*			From other Asylums of the Board.														
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
<b>LEAVESDEN ASYLUM.</b>																		
Under 5 years	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
From 5 and under 10 years	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" 10     " 15     "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" 15     " 20     "	4	2	6	14	8	22	18	10	28	...	...	...	4	2	6	37	25	62
" 20     " 25     "	6	...	6	10	11	21	16	11	27	...	...	...	9	3	12	80	58	138
" 25     " 30     "	3	...	3	11	19	30	14	19	33	...	...	...	5	6	11	92	83	175
" 30     " 35     "	1	...	1	6	10	16	7	10	17	...	...	...	9	5	14	66	67	133
" 35     " 40     "	...	1	1	3	8	11	3	9	12	...	1	1	7	18	25	82	79	161
" 40     " 45     "	1	2	3	...	3	3	1	5	6	...	1	1	13	12	25	90	99	189
" 45     " 50     "	2	1	3	1	4	5	3	5	8	...	...	...	13	10	23	84	104	188
" 50     " 55     "	2	...	2	1	3	4	3	3	6	1	...	1	11	12	23	85	101	186
" 55     " 60     "	2	2	4	...	...	...	2	2	4	1	...	1	10	17	27	54	104	158
" 60     " 65     "	4	3	7	...	2	2	4	5	9	...	1	1	16	18	34	59	86	145
" 65     " 70     "	2	2	4	...	1	1	2	3	5	...	...	...	20	17	37	29	68	97
" 70     " 75     "	2	3	5	...	...	...	2	3	5	...	...	...	7	17	24	33	50	83
" 75     " 80     "	1	7	8	...	...	...	1	7	8	...	...	...	8	15	23	16	43	59
" 80     " 85     "	2	4	6	...	...	...	2	4	6	...	...	...	5	14	19	4	17	21
" 85     " 90     "	...	2	2	...	...	...	...	2	2	...	...	...	...	7	7	2	7	9
" 90     " 95     "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" 95     " 100   "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
" 100   " 105   "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Unknown	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals...	32	29	61	46	69	115	78	98	176	2	3	5	137	173	310	813	992	1,805
Mean age	45	65	55	25	31	28	35	48	42	55	47	51	47	58	52	44	51	48
<b>DARENTH ASYLUM.</b>																		
Under 5 years	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
From 5 and under 10 years	34	24	58	...	...	...	34	24	58	...	...	...	4	1	5	77	57	134
" 10     " 15     "	18	19	37	1	...	1	19	19	38	...	...	...	2	6	8	220	132	352
" 15     " 20     "	14	10	24	...	...	...	14	10	24	...	...	...	10	4	14	247	140	387
" 20     " 25     "	4	5	9	1	...	1	5	5	10	...	...	...	7	7	14	166	109	275
" 25     " 30     "	4	8	12	...	...	...	4	8	12	...	...	...	5	1	6	130	80	210
" 30     " 35     "	3	6	9	...	1	1	3	7	10	...	...	...	6	...	6	99	75	174
" 35     " 40     "	5	7	12	...	...	...	5	7	12	...	...	...	3	1	4	41	59	100
" 40     " 45     "	2	5	7	...	...	...	2	5	7	...	...	...	...	2	2	19	48	67
" 45     " 50     "	3	10	13	...	...	...	3	10	13	...	...	...	...	2	2	17	36	53
" 50     " 55     "	3	4	7	...	...	...	3	4	7	...	1	1	...	...	...	18	28	46
" 55     " 60     "	2	8	10	...	...	...	2	8	10	...	...	...	...	3	3	9	34	43
" 60     " 65     "	5	7	12	...	...	...	5	7	12	...	...	...	...	3	3	10	33	43
" 65     " 70     "	2	2	4	...	...	...	2	2	4	...	...	...	2	2	4	7	31	38
" 70     " 75     "	1	4	5	...	...	...	1	4	5	...	...	...	1	1	2	8	20	28
" 75     " 80     "	1	5	6	...	...	...	1	5	6	...	...	...	...	1	1	3	17	20
" 80     " 85     "	1	4	5	...	...	...	1	4	5	...	...	...	...	...	...	2	12	14
" 85     " 90     "	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...	1	5	6
" 90     " 95     "	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
" 95     " 100   "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" 100   " 105   "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Unknown	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals....	102	129	231	2	1	3	104	130	234	...	1	1	40	35	75	1,074	916	1,990
Mean age	23	34	29	26	43	30	23	34	28	...	52	52	23	43	32	23	31	27

\* Including transfers fr



Recovered, and Died during 1900, and of those Remaining on the 31st December, 1900.

XI. in previous reports.)

AGES.	ADMISSIONS.						TOTAL ADMISSIONS.			RECOVERIES.			DEATHS.			PATIENTS RESIDENT 31ST DECEMBER, 1900.								
	From Parishes and Unions.*			From other Asylums of the Board.																				
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.						
CATERHAM ASYLUM.																								
Under 5 years	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...						
From 5 and under 10 years	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...						
" 10       " 15       "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...						
" 15       " 20       "	5	2	7	...	...	...	5	2	7	...	1	1	1	...	1	21	13	34						
" 20       " 25       "	4	4	8	...	...	...	4	4	8	...	1	1	2	1	3	76	52	128						
" 25       " 30       "	2	1	3	...	...	...	2	1	3	...	2	...	2	1	1	57	63	120						
" 30       " 35       "	4	4	8	...	...	...	4	4	8	...	1	1	2	2	4	66	85	151						
" 35       " 40       "	4	2	6	...	...	...	4	2	6	...	1	...	1	3	4	98	74	172						
" 40       " 45       "	1	4	5	...	...	...	1	4	5	...	...	...	6	...	6	93	112	205						
" 45       " 50       "	2	5	7	...	...	...	2	5	7	...	...	...	3	3	6	107	112	219						
" 50       " 55       "	2	8	10	...	...	...	2	8	10	...	...	...	8	7	15	96	91	187						
" 55       " 60       "	2	6	8	...	...	...	2	6	8	...	1	2	3	8	7	81	117	198						
" 60       " 65       "	4	5	9	...	...	...	4	5	9	...	1	...	1	4	9	66	98	164						
" 65       " 70       "	5	5	10	...	...	...	5	5	10	...	...	...	6	10	16	53	81	134						
" 70       " 75       "	2	2	4	...	...	...	2	2	4	...	1	...	1	6	9	43	63	106						
" 75       " 80       "	4	3	7	...	...	...	4	3	7	...	...	...	7	17	24	25	51	76						
" 80       " 85       "	...	...	...	...	...	...	...	...	...	...	...	...	1	4	5	5	13	18						
" 85       " 90       "	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	5	5	10						
" 90       " 95       "	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	2	4	6						
" 95       " 100       "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...						
" 100       " 105       "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...						
Unknown	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	4						
Totals...							41	51	92	...	...	...	41	51	92	8	4	12	58	76	134	895	1,037	1,932
Mean age							46	50	48	...	...	...	46	50	48	42	41	41	55	65	60	32	50	41
SUMMARY.																								
Under 5 years	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...						
From 5 and under 10 years	34	24	58	...	...	...	34	24	58	...	...	...	4	1	5	77	57	134						
" 10       " 15       "	18	19	37	1	...	1	19	19	38	...	...	...	2	6	8	220	132	352						
" 15       " 20       "	23	14	37	14	8	22	37	22	59	...	1	1	15	6	21	305	178	483						
" 20       " 25       "	14	9	23	11	11	22	25	20	45	1	...	1	18	11	29	322	219	541						
" 25       " 30       "	9	9	18	11	19	30	20	28	48	2	...	2	11	7	18	279	226	505						
" 30       " 35       "	8	10	18	6	11	17	14	21	35	1	1	2	17	7	24	231	227	458						
" 35       " 40       "	9	10	19	3	8	11	12	18	30	1	1	2	13	23	36	221	212	433						
" 40       " 45       "	4	11	15	...	3	3	4	14	18	...	1	1	19	14	33	202	259	461						
" 45       " 50       "	7	16	23	1	4	5	8	20	28	...	...	...	16	15	31	208	252	460						
" 50       " 55       "	7	12	19	1	3	4	8	15	23	1	1	2	19	19	38	199	220	419						
" 55       " 60       "	6	16	22	...	...	...	6	16	22	2	2	4	18	27	45	144	255	399						
" 60       " 65       "	13	15	28	...	2	2	13	17	30	1	1	2	20	30	50	135	217	352						
" 65       " 70       "	9	9	18	...	1	1	9	10	19	1	...	1	28	29	57	89	180	269						
" 70       " 75       "	5	9	14	...	...	...	5	9	14	...	...	...	14	27	41	84	133	217						
" 75       " 80       "	6	15	21	...	...	...	6	15	21	...	...	...	15	33	48	44	111	155						
" 80       " 85       "	3	8	11	...	...	...	3	8	11	...	...	...	6	18	24	11	42	53						
" 85       " 90       "	...	3	3	...	...	...	...	3	3	...	...	...	...	8	8	8	17	25						
" 90       " 95       "	...	...	...	...	...	...	...	...	...	...	...	...	...	3	3	2	4	6						
" 95       " 100       "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1						
" 100       " 105       "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...						
Unknown	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	4						
Totals...							175	209	384	48	70	118	223	279	502	10	8	18	235	284	519	2,782	2,945	5,727
Mean age							33	42	37	25	32	28	31	40	35	44	45	44	49	57	53	37	45	41
Asylums not under the Board.																								



TABLE IX.—*Condition as to Marriage of those Admitted, Recovered, and Died during 1900*  
(Included in Table XIII. in previous reports.)

LEAVESDEN ASYLUM.																
Condition as to Marriage.	Admissions.						Total Admissions.			Recoveries.			Deaths.			
	From Parishes and Unions.*			From other Asylums of Board.												
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	
Single ... ..	22	6	28	46	67	113	68	73	141	...	1	1	31	47	78	
Married ... ..	7	7	14	...	1	1	7	8	15	2	2	4	79	93	172	
Widowed ... ..	3	16	19	...	1	1	3	17	20	...	...	...	27	33	60	
Unknown ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Total ... ..	32	29	61	46	69	115	78	98	176	2	3	5	137	173	310	

CATERHAM ASYLUM.																
Single ... ..	21	23	44	...	...	...	21	23	44	5	2	7	16	22	38	
Married ... ..	12	18	30	...	...	...	12	18	30	2	2	4	15	14	29	
Widowed ... ..	8	9	17	...	...	...	8	9	17	1	...	1	6	19	26	
Unknown ... ..	...	1	1	...	...	...	...	1	1	...	...	...	21	21	42	
Total ... ..	41	51	92	...	...	...	41	51	92	8	4	12	58	76	134	

DARENTH ASYLUM.																
Single ... ..	87	93	180	2	1	3	89	94	183	...	...	...	35	25	60	
Married ... ..	9	20	29	...	...	...	9	20	29	...	...	...	...	4	33	
Widowed ... ..	5	16	21	...	...	...	5	16	21	...	1	1	1	6	28	
Unknown ... ..	1	...	1	...	...	...	1	...	1	...	...	...	4	...	32	
Total ... ..	102	129	231	2	1	3	104	130	234	...	1	1	40	35	75	

SUMMARY.																
Single ... ..	130	122	252	48	68	116	178	190	368	5	3	8	82	94	176	
Married ... ..	28	45	73	...	1	1	28	46	74	4	4	8	94	111	205	
Widowed ... ..	16	41	57	...	1	1	16	42	58	1	1	2	34	58	92	
Unknown ... ..	1	1	2	...	...	...	1	1	2	...	...	...	25	21	46	
Total ... ..	175	209	384	48	70	118	223	279	502	10	8	18	235	284	519	

\* Including transfers from asylums not under the Board.





TABLE X.—*Probable causes of Insanity.*  
(Table VI. in

CAUSES OF INSANITY.	LEAVESDEN ASYLUM.											
	Number of instances in which each cause was assigned.											
	Number of Cases. Admissions—Males, 32 ; Females, 29 ; Total, 61.											
	As predisposing cause.			As exciting cause.			As predisposing or exciting, where these could not be distinguished.			Total.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
MORAL—												
Domestic trouble (including loss of relatives and friends) ...	...	...	...	...	...	...	...	...	...	...	...	...
Adverse circumstances (including business anxieties and pecuniary difficulties) ...	...	1	1	...	...	...	...	...	...	...	1	...
Mental anxiety and worry (not included under the above two heads) and overwork ...	...	...	...	...	1	1	...	...	...	...	1	...
Religious excitement ...	...	...	...	...	...	...	...	...	...	...	...	...
Love affairs (including seduction)...	...	...	...	...	...	...	...	...	...	...	...	...
Fright and nervous shock ...	...	...	...	...	...	...	...	...	...	...	...	...
PHYSICAL—												
Intemperance in drink ...	2	4	6	...	...	...	...	...	...	2	4	...
Intemperance, sexual ...	...	1	1	...	...	...	...	...	...	...	1	...
Venereal disease ...	...	...	...	...	...	...	...	...	...	...	...	...
Self-abuse, sexual ...	1	...	1	...	...	...	...	...	...	1	...	...
Over-exertion ...	...	...	...	...	...	...	...	...	...	...	...	...
Sunstroke ...	1	...	1	...	...	...	...	...	...	1	...	...
Accident or injury ...	...	...	...	...	...	...	...	...	...	...	...	...
Pregnancy ...	...	...	...	...	...	...	...	...	...	...	...	...
Parturition and the puerperal state ...	...	...	...	...	...	...	...	...	...	...	...	...
Lactation ...	...	...	...	...	...	...	...	...	...	...	...	...
Uterine and ovarian disorders ...	...	...	...	...	...	...	...	...	...	...	...	...
Puberty ...	...	...	...	...	...	...	...	...	...	...	...	...
Change of life ...	...	...	...	...	...	...	...	...	...	...	...	...
Fevers ...	...	...	...	...	...	...	...	...	...	...	...	...
Privation and starvation ...	...	...	...	...	...	...	...	...	...	...	...	...
Old age ...	8	17	25	...	...	...	...	...	...	8	17	...
Other bodily diseases or disorders ...	1	2	3	...	1	1	...	...	...	1	3	...
Previous attacks ...	...	1	1	...	...	...	...	...	...	...	1	...
Hereditary influences ascertained (direct and collateral) ...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital defect, ascertained ...	6	3	9	...	...	...	...	...	...	6	3	...
Other ascertained causes ...	...	...	...	...	...	...	...	...	...	...	...	...

NOTE.—With reference to the distinction between “predisposing” and “exciting” causes, it must be understood that the figures in the total column represent the entire number of instances in which the several causes (either alone or in combination) were assigned. The number of patients admitted from other asylums is not included in the total.

in the Patients admitted during 1900.

previous reports )

CATERHAM ASYLUM.										DARENTH ASYLUM.										SUMMARY.										
Number of instances in which each cause was assigned.										Number of instances in which each cause was assigned.										Number of instances in which each cause was assigned.										
Number of Cases. Admissions—Males, 41 ; Females, 51 ; Total, 92.										Number of Cases. Admissions—Males, 102 ; Females, 129 ; Total, 231.										Number of Cases. Admissions—Males, 175 ; Females, 209 ; Total, 384.										
As predisposing cause.			As exciting cause.			As predisposing or exciting, where these could not be distinguished.			Total.	As predisposing cause.			As exciting cause.			As predisposing or exciting, where these could not be distinguished.			Total.	As predisposing cause.			As exciting cause.			As predisposing or exciting, where these could not be distinguished.			Total.	
Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	
...	...	...	4	4	...	...	...	4	4	...	...	2	...	2	...	...	...	2	...	2	...	...	4	8	12	...	...	4	8	12
...	...	...	2	2	...	...	...	2	2	...	...	...	...	...	...	...	...	1	1	...	2	2	...	...	...	...	3	3		
...	...	...	1	1	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	2	2			
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3	...	3	1	4	5	...	...	4	4	8	...	5	6	11	...	5	6	11	5	4	9	6	10	16	...	...	11	14	25	
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...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
...	...	...	...	...	...	...</																								

that no single cause is enumerated as both predisposing and exciting in the case of any individual patient. combination with others) were stated to have produced the mental disorder. The excess of the aggregate of such causes over owing to combinations of causes. not included in this table.



APPENDIX II.—IMBECILITY,  
TABLE XI.—*Form of Mental Disorder in the Admissions, Recoveries,*  
(Includes tables IV. and

FORM OF MENTAL DISORDER.	LEAVESDEN ASYLUM.											
	Admissions.			Recoveries.			Deaths.			Remaining in Asylum.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
CONGENITAL OR INFANTILE MENTAL DEFICIENCY—												
Congenital—(a) with epilepsy ... ..	17	19	36	...	...	...	13	12	25	92	115	207
(b) without epilepsy...	39	39	78	...	...	...	29	28	57	325	307	632
Epilepsy acquired ... ..	1	4	5	...	...	...	18	18	36	69	100	169
General paralysis of the insane ... ..	1	1	2	...	...	...	5	6	11	7	9	16
MANIA—												
Acute ... ..	1	...	1	2	...	2	1	...	1	10	3	13
Chronic ... ..	4	7	11	...	...	...	7	7	14	66	91	157
Recurrent ... ..	...	...	...	...	...	...	...	...	...	...	...	...
A potù ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Senile ... ..	...	...	...	...	...	...	3	...	3	...	...	...
MELANCHOLIA—												
Acute ... ..	...	2	2	...	3	3	...	...	...	...	...	...
Chronic ... ..	...	...	...	...	...	...	2	...	2	10	5	15
Recurrent ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Senile ... ..	...	...	...	...	...	...	...	...	...	...	...	...
DEMENTIA—												
Primary... ..	...	...	...	...	...	...	2	...	2	...	...	...
Secondary ... ..	7	7	14	...	...	...	46	78	124	169	335	504
Senile ... ..	8	18	26	...	...	...	11	23	34	55	25	80
Organic (i.e., from tumours, coarse brain disease, &c.) ... ..	...	1	1	...	...	...	...	1	1	10	2	12
Totals .. ..	78	98	176	2	3	5	137	173	310	813	992	1805

and Deaths of the Year 1900, and of Inmates on 31st December, 1900.

V. in previous reports.)

CATERHAM ASYLUM.										DARENTH ASYLUM.										SUMMARY.															
Admis- sions.			Recov- eries.			Deaths.			Remaining in Asylum.			Ad- missions.			Recov- eries.			Deaths.			Remaining in Asylum.			Ad. missions.			Recov- eries.			Deaths.			Remaining in Asylums.		
Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.			
3	4	7	...	...	...	7	4	11	28	32	60	21	15	36	...	...	...	25	8	33	359	226	585	41	38	79	...	...	...	45	24	69	479	373	852
9	7	16	...	...	...	7	17	24	314	304	618	55	50	105	...	...	...	10	11	21	634	470	1,104	103	96	199	...	...	...	46	56	102	1,273	1,081	2,354
...	...	...	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	4	5	...	...	...	20	18	38	69	100	169	
4	1	5	...	...	...	5	1	6	10	2	12	2	2	4	...	...	...	1	...	1	4	3	7	7	4	11	...	...	...	11	7	18	21	14	35
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	...	2	1	...	1	10	3	13	
2	7	9	3	2	5	1	9	10	148	90	238	3	11	14	...	...	...	...	1	1	10	67	77	9	25	34	3	2	5	8	17	25	224	248	472
4	...	4	...	...	...	8	...	8	54	17	71	...	1	1	...	1	1	...	...	...	...	...	...	4	1	5	...	1	1	8	...	8	54	17	71
...	2	2	3	...	3	...	...	...	2	2	2	2	...	2	...	...	...	...	...	...	3	...	3	2	2	4	3	...	3	...	...	...	3	2	5
...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	
...	...	...	...	...	...	...	...	...	6	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	3	...	6	6	
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	3	3	...	...	...	...	...	...
1	6	7	2	1	3	...	4	4	...	44	44	...	5	5	...	...	...	...	...	...	...	10	10	1	11	12	2	1	3	2	4	6	10	59	69
...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	...	...	...	5	...	5	2	...	2	...	...	...	...	...	5	...	5	
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
...	...	...	...	...	...	...	...	...	4	4	1	...	1	...	...	...	...	...	...	...	3	...	3	1	...	1	...	...	...	...	...	3	4	7	
...	...	...	...	...	...	...	...	...	...	...	...	8	2	10	...	...	...	...	...	...	21	25	46	8	2	10	...	...	2	...	2	21	25	46	
12	18	30	...	...	...	12	24	36	300	470	770	3	21	24	...	...	...	2	12	14	15	82	97	22	46	68	...	...	60	114	174	484	887	1,371	
6	5	11	...	...	...	15	17	32	41	66	107	7	23	30	...	...	...	2	3	5	20	33	53	21	46	67	...	...	28	43	71	116	124	240	
...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	1	2	10	2	12		
41	51	92	8	4	12	58	76	134	895	1,037	1,932	104	130	234	...	1	1	40	35	75	1,074	916	1,990	223	279	502	10	8	18	235	284	519	2,782	2,945	5,727



TABLE XII.—*Station or Occupation of Patients admitted during 1900.*  
(Included in Table XIII. in previous reports.)

LEAVESDEN ASYLUM.			CATERHAM ASYLUM.			DARENTH ASYLUM.			SUMMARY.		
	Males.	Females.		Males.	Females.		Males.	Females.		Males.	Females.
Bookfolder ... ..	...	1	Asylum attend'nt	1	...	Beadle ... ..	1	...	Asylum attend'nt	1	...
Charwomen ... ..	...	5	Bricklayer ... ..	1	...	Chaffcutter ... ..	1	...	Beadle ... ..	1	...
Clerk ... ..	1	...	Brickmaker ... ..	1	...	Charwomen ... ..	...	4	Bookfolder ... ..	...	1
Clockmaker ... ..	1	...	Busdriver ... ..	1	...	Coalporter ... ..	1	...	Bricklayer ... ..	1	...
Commercial tra- veller ... ..	1	...	Cabinet-maker ... ..	1	...	Domestic work'rs	...	7	Brickmaker ... ..	1	...
Costermonger ... ..	1	...	Caretaker ... ..	...	1	Dressmakers ... ..	...	7	Busdriver ... ..	1	...
Domestic serv'nts	...	7	Charwomen ... ..	...	5	Furriers ... ..	2	...	Cabinet-maker ... ..	1	...
Fur-sewer ... ..	...	1	Clerks ... ..	3	...	General servants	...	10	Caretaker ... ..	...	1
Gardener ... ..	1	...	Dealporter ... ..	1	...	Gilder ... ..	1	...	Chaffcutter ... ..	1	...
Hawkers ... ..	1	1	Dressmakers and needlewomen	...	7	Glassblower ... ..	1	...	Charwomen ... ..	...	14
Housewives ... ..	...	7	Gardener ... ..	1	...	Hawker ... ..	1	...	Clerks ... ..	4	...
Labourers ... ..	4	...	Glazier ... ..	1	...	Insurance agent	1	...	Clockmaker ... ..	1	...
Needlewomen ... ..	...	2	Housekeepers ... ..	...	2	Joiners ... ..	2	...	Coalporter ... ..	1	...
Nurse ... ..	...	1	Housewives ... ..	...	3	Labourers ... ..	6	...	Commercial tra- veller ... ..	1	...
Porter ... ..	1	...	Horsekeeper ... ..	1	...	Laundresses ... ..	...	3	Costermonger ... ..	1	...
Seaman ... ..	1	...	Labourers ... ..	10	...	Painters ... ..	2	...	Dealporter ... ..	1	...
Shoeblack ... ..	1	...	Laundresses and laundrywomen	...	3	Porter ... ..	1	...	Domestic serv'nts	...	7
Shoemaker ... ..	1	...	Porter ... ..	1	...	Sailor ... ..	1	...	„ workers	...	7
Solicitor ... ..	1	...	Printer ... ..	1	...	Shoemakers ... ..	2	...	Dressmakers and needlewomen	...	16
Stoker ... ..	1	...	Servants, general	...	9	Slater ... ..	1	...	Furriers ... ..	2	...
Tailoresses ... ..	...	2	Scrubber ... ..	...	1	Tailoress ... ..	...	1	Fur-sewer ... ..	...	1
Tailors ... ..	3	...	Tailors ... ..	2	...	Tailor's salesman	1	...	Gardeners ... ..	2	...
Trimming manu- facturer ... ..	...	1	Traveller ... ..	1	...	Upholsterer ... ..	1	...	Gilder ... ..	1	...
Upholstress ... ..	...	1	Umbrella sewer	...	1	Vanboys ... ..	2	...	Glazier ... ..	1	...
Woodchopper ... ..	1	...	Window-cleaner	1	...	Nil and unknown	74	97	Glassblower ... ..	1	...
Nil and unknown	12	...	Nil and unknown	13	19				Hawkers ... ..	2	1
									Housekeepers ... ..	...	2
									Housewives ... ..	...	10
									Horsekeeper ... ..	1	...
									Insurance agent	1	...
									Joiners ... ..	2	...
									Labourers ... ..	20	...
									Laundresses and laundrywomen	...	6
									Nurse ... ..	...	1
									Painters ... ..	2	...
									Porters ... ..	3	...
									Printer ... ..	1	...
									Sailors ... ..	2	...
									Scrubber ... ..	...	1
									Servants, general	...	19
									Shoeblack ... ..	1	...
									Shoemakers ... ..	3	...
									Slater ... ..	1	...
									Solicitor ... ..	1	...
									Stoker ... ..	1	...
									Tailoresses ... ..	...	3
									Tailors ... ..	5	...
									Tailor's salesman	1	...
									Traveller ... ..	1	...
									Trimming manu- facturer ... ..	...	1
									Umbrella sewer	...	1
									Upholsterers ... ..	1	1
									Vanboys ... ..	2	...
									Window-cleaner	1	...
									Woodchopper ... ..	1	...
									Nil and unknown	99	116
Total ... ..	32	29	Total ... ..	41	51	Total ... ..	102	129	Total ... ..	175	209

NOTE.—Transfers from other asylums of the Board are not included in this table.

TABLE XIII.—*Table of Heredity in Patients admitted in 1900.*

LEAVESDEN ASYLUM.				CATERHAM ASYLUM.			
DEGREE.	Males.	Females.	Total.	DEGREE.	Males.	Females.	Total.
I. DIRECT—				I. DIRECT—			
Paternal ... ..				Paternal ... ..	1	3	4
Maternal ... ..				Maternal ... ..	...	...	...
Grandparents ... ..				Grandparents ... ..	...	1	1
II. COLLATERAL—				II. COLLATERAL—			
Brothers or sisters ...				Brothers or sisters ...	...	2	2
Paternal uncles or aunts	No history of hereditary taint has been obtained in any of the non-transfer admissions, but nevertheless the majority have probably hereditary defect if their history were known.			Paternal uncles or aunts	1	1	2
Maternal „ „				Maternal „ „	1	1	2
Maternal or paternal uncles or aunts ...				Maternal or paternal uncles or aunts... ..	...	1	1
Paternal grandparents...				Paternal grandparents ...	...	...	...
Maternal „ „				Maternal „ „	...	1	1
Cousins ... ..				Cousins ... ..	...	...	...
III. REMOTE—				III. REMOTE—			
Undefined ... ..				Undefined ... ..	...	1	1
Total ... ..				Total ... ..	3	11	14
Total number of admissions				Total number of admissions ...	41	51	92
Number in which causes were assigned ... ..				Number in which causes were assigned ... ..	12	24	36
Percentage of heredity on admissions ... ..				Percentage of heredity on admissions ... ..	7·3	21·6	15·2
DARENTH ASYLUM.				SUMMARY.			
DEGREE.	Males.	Females.	Total.	DEGREE.	Males.	Females.	Total.
I. DIRECT—				I. DIRECT —			
Paternal ... ..	5	3	8	Paternal ... ..	6	6	12
Maternal ... ..	1	2	3	Maternal ... ..	1	2	3
Grandparents ... ..	1	1	2	Grandparents ... ..	1	2	3
II. COLLATERAL—				II. COLLATERAL—			
Brothers or sisters ...	5	4	9	Brothers or sisters ...	5	6	11
Paternal uncles or aunts	3	1	4	Paternal uncles or aunts	4	2	6
Maternal „ „	4	2	6	Maternal „ „	5	3	8
Maternal or paternal uncles or aunts ...	...	...	...	Maternal or paternal uncles or aunts... ..	...	1	1
Paternal grandparents...	...	...	...	Paternal grandparents ...	...	...	...
Maternal „ „	1	...	1	Maternal „ „	1	1	2
Cousins ... ..	2	...	2	Cousins ... ..	2	...	2
III. REMOTE—				III. REMOTE—			
Undefined ... ..	6	3	9	Undefined ... ..	6	4	10
Total ... ..	28	16	44	Total ... ..	31	27	58
Total number of admissions	104	130	234	Total number of admissions...	145	181	326
Number in which causes were assigned ... ..	23	22	45	Number in which causes were assigned ... ..	35	46	81
Percentage of heredity on admissions ... ..	26·8	12·3	18·8	Percentage of heredity on admission ... ..	21·4	14·9	17·8



APPENDIX III.—CHILDREN'S HOMES.

(Statistical table detached from the Annual Report of the Children's Committee in Vol. I.)

STATISTICAL STATEMENT, 1900.

HOMES.		NUMBER OF CHILDREN.																							
Description and Name.	Date of Opening.	Remaining on 1st January, 1900.			Admitted direct from the Guardians during the Year.			Transferred from other Homes under the Board during the Year.			Discharged to the Guardians during the Year.			Transferred to other Homes under the Board during the Year.			Died during the Year.			Remaining on 31st December, 1900.			Total Number of Children admitted from opening of Home to 31st December, 1900.		
		Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.
<i>I.—Convalescents.</i>																									
S. Anne's Home, Herne Bay Total accommodation, 134.	26 December, 1897	65	49	114	67	76	143	...	20	20	66	65	131	...	20	20	1	2	3	65	58	123	257	253	510
East Cliff House, Margate .. Total accommodation, 41.	26 June, 1898 ...	9	32	41	37	44	81	...	3	3	34	48	82	...	1	1	...	2	2	12	28	40	104	145	249
<i>II.—Defective Children.</i>																									
Lloyd House, Pentonville ... For Girls only. Total accommodation, 20.	16 January, 1899	...	19	19	...	3	3	...	21	21	...	...	...	...	23	23	...	...	...	..	20	20	...	23	23
Kingwood Road, Fulham, Nos. 60 and 62 For Boys only. Total accommodation, 13.	17 September, 1900	...	...	...	13	...	13	...	...	...	...	...	...	...	...	...	...	...	...	13	...	13	13	...	13
TOTALS	...	74	100	174	117	123	240	...	44	44	100	113	213	...	44	44	1	4	5	90	106	196	374	421	795

APPENDIX IV.—TRAINING SHIP “EXMOUTH.”

(Statistical tables detached from the Training Ship “Exmouth” Committee’s Annual Report in Vol. I.)

TABLE I.—BOYS ADMITTED AND DISCHARGED.

YEAR ... ..	1876	1877	1878	1879	1880	1881	1882	1883	1884	1885	1886	1887	1888	1889	1890	1891	1892	1893	1894	1895	1896	1897	1898	1899	1900	TOTALS.
Admitted ... ..	194	494	188	210	289	226	340	350	326	267	374	241	301	329	290	223	322	299	307	278	347	325	323	341	423	7,615
Discharged to Royal Navy	1	6	1	8	72	85	155	141	95	128	114	95	87	104	108	89	83	102	133	163	137	129	123	149	115	2,423
Discharged to Mercantile Marine, of whom 70 were enrolled in Royal Naval Reserve ... ..	53	19	126	115	105	107	109	96	186	91	107	93	141	171	134	75	69	90	87	96	109	112	112	135	145	2,603
Discharged to Army as Musicians ... ..	9	11	9	31	17	27	46	74	61	43	55	36	18	56	48	42	66	28	26	37	49	28	32	52	93	1,000
Discharged to situations, of whom 9 subsequently went to sea ... ..	1	...	2	...	3	...	...	...	2	...	...	...	...	...	...	1	...	...	1	...	1	...	...	1	...	12
Discharged to Unions by order of respective Boards of Guardians and Committee ... ..	21	23	47	30	61	43	27	33	52	39	49	44	45	44	36	18	51	34	54	41	51	29	39	29	39	979
Boys died ... ..	...	...	2	1	...	4	1	...	2	2	5	1	2	1	1	...	1	3	2	1	3	2	1	1	1	37
Totals ... ..	85	59	187	185	258	266	338	344	318	303	330	269	293	376	327	225	270	257	303	338	350	300	307	373	393	7,054

Total number of boys discharged ... .. 7,054  
Remaining under training 31st December, 1900 ... .. 561

Total ... .. 7,615

The number of boys discharged during the last 18 years averages 335 per year.



TABLE II.

Number of boys admitted from each of the metropolitan unions and parishes and from country unions during 1900 and during the whole time the ship has been established.

Year ending Dec. 31st, 1900.	Union or Parish.	From Mar 31st, 1876, to Dec. 31st, 1900.	Year ending Dec. 31st, 1900.	Union or Parish.	From Mar. 31st, 1876, to Dec. 31st, 1900.
	Number of boys in the ship when it was taken over from the managers of the Forest Gate School District ... ..	12	Bro. } 346 for. }	Brought forward	7,320
—	<i>Metropolitan Unions.</i>		1	Bedford ... ..	18
11	City of London ... ..	117	5	Strood ... ..	38
19	Fulham ... ..	254	—	Medway ... ..	21
19	Greenwich ... ..	398	11	Kingston ... ..	39
19	Hackney ... ..	258	—	St. Albans ... ..	2
32	Holborn ... ..	251	—	Martley ... ..	3
4	Hammersmith ... ..	8	2	Worcester ... ..	18
17	Lewisham ... ..	617	—	Brentford ... ..	9
14	Mile End ... ..	191	1	Richmond ... ..	10
4	Poplar ... ..	377	—	Gateshead ... ..	1
1	St. George's-in-the-East ... ..	124	—	Bicester ... ..	1
3	St. George's Union ... ..	266	—	Hendon ... ..	1
1	St. Giles, Bloomsbury ... ..	39	—	Hambledon ... ..	1
41	St. Giles, Camberwell ... ..	401	1	Epsom ... ..	4
1	St. John, Hampstead ... ..	30	—	Leeds ... ..	1
2	St. Leonard, Shoreditch ... ..	137	—	Dewsbury ... ..	2
2	St. Luke, Chelsea ... ..	150	1	Watford ... ..	7
12	St. Mary, Islington .. ..	237	3	Warwick ... ..	1
6	St. Mary Abbots, Kensington	188	5	Croydon ... ..	6
32	St. Mary, Lambeth ... ..	433	—	Haslingden ... ..	1
13	St. Marylebone ... ..	490	3	Eastbourne ... ..	4
4	St. Mary, Paddington ... ..	141	5	Isle of Thanet ... ..	12
17	St. Matthew, Bethnal Green	190	6	Maidstone ... ..	16
12	St. Olave's ... ..	268	2	Gravesend ... ..	4
19	St. Pancras ... ..	439	1	Steyning ... ..	4
12	St. Saviour's ... ..	416	22	West Ham ... ..	52
4	Stepney ... ..	102	1	Chelmsford ... ..	3
2	Strand ... ..	32	—	Newbury ... ..	—
26	Wandsworth and Clapham	213	1	Kettering ... ..	2
2	Westminster ... ..	55	1	Reigate ... ..	—
8	Whitechapel ... ..	152	1	Chippenham ... ..	2
3	Woolwich ... ..	318	1	Westhampnett ... ..	2
	<i>Country Unions.</i>		1	Dorking ... ..	2
1	Willesden ... ..	2	—	Banbury ... ..	1
—	Stockport ... ..	2	2	Thakeham ... ..	2
2	Bromley ... ..	12	2	Derby... ..	2
			1	Cuckfield ... ..	1
			1	Brighton ... ..	1
			1	Orsett... ..	1
Car. } 346 for. }	Carried forward	7,320	Total 423	Total ... ..	7,615

Admissions from country unions commenced only in the latter part of 1892.

TABLE III.—BOYS SHIPPED FROM THE SHIPPING HOME.

Year.	Number Shipped.	Year.	Number Shipped.	Year.	Number Shipped.	Year.	Number Shipped.
1876 ... ..	53	Bro. for....	634	Bro. for....	1,268	Bro. for....	1,894
1877 ... ..	19	1883 ... ..	96	1889 ... ..	171	1895 ... ..	96
1878 ... ..	126	1884 ... ..	106	1890 ... ..	134	1896 ... ..	109
1879 ... ..	115	1885 ... ..	91	1891 ... ..	75	1897 ... ..	112
1880 ... ..	105	1886 ... ..	107	1892 ... ..	69	1898 ... ..	112
1881 ... ..	107	1887 ... ..	93	1893 ... ..	90	1899 ... ..	135
1882 ... ..	109	1888 ... ..	141	1894 ... ..	87	1900 ... ..	145
Car. for....	634	Car. for....	1,268	Car. for....	1,894	TOTAL ..	2,603

TABLE IV.—SPECIAL GOOD CONDUCT AND ABILITY PRIZE LIST.—Prize Day, 25th June, 1900.

Order of Merit.	NAME.	No. on Ship's Books.	No. on Watch Bill.	UNION OR PARISH.	RANK.	PRIZE.	KINDLY GIVEN BY	QUALIFICATIONS.	DESTINATION.
1	G. Fysh ...	6561	78	Wandsworth	Chief Petty Officer ...	Silver Watch ("Brewer Prize")	Sir E. Galsworthy, J.P.	Selected by the officers for general smartness and ability. He received no less than 28 votes out of 29 officers. He is probably the best boy on board	Still on board.
2	A. Burton ...	6130	109	St. Pancras...	Ditto	Silver Watch (Most Useful Boy)	R. Strong, Esq., J.P.	Was a first-rate captain of division, and is now a most careful and attentive captain's coxswain	M. Marine.
3	C. Cheshire ...	6058	191	St. George's	Ditto	Silver Watch (Best Boy in School)	A Member of the Committee	A smart all-round lad, good not only in school, but in every duty he has to perform	Ditto.
4	J. Cuthbert ...	6549	82	Bethnal Green	1st Class Petty Officer	Silver Watch (Best Leading Gunn'r)	Paul Howard, Esq.,	A first-rate petty officer, and the smartest sub-instructor in gun drill	Still on board.
5	J. Holland ...	6714	424	Strood ...	Chief Petty Officer ...	Silver Medal ...	The Managers ...	An exemplary captain of division; always clean and tidy	Ditto.
6	J. Davis ...	6703	392	City of Lond'n	1st Class Petty Officer	Ditto	Ditto	Most trustworthy and well-behaved 1st class petty officer	Ditto.
7	G. Martin ...	6543	471	Paddington	Chief Petty Officer ...	Ditto	Ditto	A capital chief petty officer, and sergeant of the band	Army.
8	E. Sullivan ...	6440	571	Bethnal Green	Ditto	Ditto	Ditto	An excellent captain of division, and thoroughly good gymnast	M. Marine.
9	L. Rowatt ...	6371	390	Kingston ...	Ditto	Ditto	Ditto	The boy won his rating as chief petty officer in a severe competition in signalling	Royal Navy.
10	J. Haskell ...	6550	323	Bethnal Green	1st Class Petty Officer	Ditto	Ditto	A very good 1st class petty officer; sick berth attendant; very attentive to sick boys	Still on board.
11	V. Sparrow ...	6637	484	St. George's	Ditto	Ditto	Ditto	An excellent, steady, and hardworking petty officer	M. Marine.
12	C. Rowatt ...	6372	376	Kingston ...	Ditto	Ditto	Ditto	A first-rate coxswain of a boat, and pulls the best oar in the ship	Royal Navy.
13	F. Elliott...	6545	283	Wandsworth	Chief Petty Officer ...	Ditto	Ditto	Very good chief petty officer, and captain of division	M. Marine.
14	S. Bryant ...	6525	263	Paddington	Ditto	Ditto	Ditto	Was promoted to rank of chief petty officer for strict attention to duty	Royal Navy.
15	J. Austin...	6593	42	St. Pancras...	Ditto	Ditto	Ditto	A smart captain of division; an excellent and steady chief petty officer	M. Marine.
16	J. Tyrrell ...	5986	548	Lewisham ...	Ditto	Ditto	Ditto	An excellent chief petty officer; the oldest boy in the ship	Ditto.
17	J. Holland ...	6714	424	Strood ...	Ditto	Silver Watch (Popular Boy)	From Capt. Brown's Legacy	Selected by his shipmates, and deserves it ...	Still on board.



TABLE V.—CERTIFICATES OF MERIT.

The undermentioned boys were honourably mentioned in the following order of merit for good conduct and ability in various ways.

These would have been awarded prizes next to those who have received medals if there had been sufficient, but the number has been properly limited.

These lads had the honour of being presented with a certificate of merit for conduct and ability.

No. on Ship's Books.	Name.	No. on Watch Bill.	Destination.	No. on Ship's Books.	Name.	No. on Watch Bill.	Destination.
6476	S. Applin ... ..	184	M. Marine.	6855	J. Burns ... ..	159	Army.
6378	J. Watson ... ..	384	Royal Navy.	6492	H. Thomas ... ..	209	Still on board.
6732	W. Eldon ... ..	359	M. Marine.	6695	C. Fearn ... ..	228	M. Marine.
7106	R. Bayley ... ..	594	Still on board.	6952	R. Roberts ... ..	483	Still on board.
6725	W. Edey ... ..	31	"	6718	A. Smith ... ..	116	"
6680	A. Watson ... ..	149	"	6947	H. Pullman ... ..	345	"
6107	A. Davis ... ..	41	Army.	6897	E. Barton ... ..	523	"
6518	F. Amos ... ..	102	M. Marine.	6736	A. Tite ... ..	568	M. Marine.
7138	H. Willsher ... ..	533	Still on board.	6622	L. Webb ... ..	70	"
6552	J. Aldridge .. ...	74	M. Marine.	6405	W. Banks ... ..	117	"
6095	T. Brailsford.. ...	233	"	6605	W. Hornbuckle ...	386	"
6604	W. Jackson ... ..	280	"	6463	J. Boddington ...	248	Still on board.
6647	F. Box ... ..	452	Union.	7030	G. Seddon ... ..	211	Royal Navy.
6580	J. Read ... ..	292	M. Marine.	6127	R. Taylor .. ...	243	M. Marine.
7171	E. Enright ... ..	600	Royal Navy.	7121	G. Beard ... ..	265	"
6277	J. Quinton ... ..	569	Still on board.	6802	C. Stygall ... ..	222	Still on board.
6869	W. Price ... ..	106	Royal Navy.	6891	A. Putman ... ..	229	"
6142	A. Stevens ... ..	14	M. Marine.	7113	W. Mills ... ..	29	Army.
6949	J. Hollingdale ...	382	Royal Navy.	6743	E. Turner ... ..	447	Still on board.
7228	C. Cudby ... ..	422	Army.	6810	A. Reid ... ..	409	"
6672	W. Chalk ... ..	83	"				

TABLE VI.

The boys discharged to the army since 25th March, 1876, joined the under-mentioned regiments as band boys, viz. :—

1 to the Royal Horse Artillery.	1 to the 19th Hussars.	11 to the Welsh Fusiliers, Royal.
24 ,, Royal Artillery.	9 ,, 20th Hussars.	32 ,, Welsh Regiment.
1 ,, Royal Engineers.	2 ,, 21st Hussars.	1 ,, West Riding Regiment.
6 ,, Dragoon Guards.	8 ,, Grenadier Guards.	6 ,, East Lancashire Regiment.
1 ,, 3rd Hussars.	4 ,, Coldstream Guards.	5 ,, Loyal North Lancashire Regiment.
1 ,, 4th Hussars.	1 ,, Scots Guards.	17 ,, South Lancashire Regiment.
2 ,, 5th Lancers.	20 ,, Argyle and Sutherland Highlanders.	3 ,, Lancashire Regiment, Royal.
1 ,, 11th Hussars.	7 ,, Northumberland Fusiliers.	7 ,, Leicester Regiment.
6 ,, Berkshire Regiment, Royal.	13 ,, Oxfordshire Light Infantry.	4 ,, Leinster Regiment.
16 ,, Border Regiment.	17 ,, Rifle Brigade.	4 ,, Lincolnshire Regiment.
10 ,, Cheshire Regiment.	19 ,, Royal Fusiliers.	3 ,, Liverpool Regiment.
44 ,, Connaught Rangers.	3 ,, Royal Highlanders.	63 ,, Manchester Regiment.
21 ,, Derbyshire Regiment.	1 ,, Royal Marine Light Infantry.	14 ,, Middlesex Regiment.
2 ,, Devonshire Regiment.	40 ,, Scots, Royal (Lothian Regiment).	2 ,, Munster Fusiliers, Royal.
9 ,, Dorsetshire Regiment.	21 ,, Scots Fusiliers, Royal.	6 ,, Cameron Highlanders.
32 ,, Dublin Fusiliers, Royal.	5 ,, Scottish Rifles.	11 ,, Northamptonshire Regiment.
7 ,, Duke of Cornwall's Light Infantry.	2 ,, Seaforth Highlanders.	6 ,, Wiltshire Regiment.
14 ,, Durham Light Infantry.	8 ,, Shropshire Light Infantry.	9 ,, Worcester Regiment.
34 ,, Essex Regiment.	22 ,, Somersetshire Light Infantry.	21 ,, York & Lancaster Regiment.
5 ,, Gloucestershire Regiment.	1 ,, Staffordshire Regiment, North.	27 ,, Yorkshire Light Infantry.
12 ,, Gordon Highlanders.	16 ,, Staffordshire Regiment, South.	9 ,, Yorkshire Regiment.
5 ,, Highland Light Infantry.	21 ,, Suffolk Regiment.	13 ,, East Yorkshire Regiment.
7 ,, Inniskilling Fusiliers, Royal.	7 ,, Surrey Regiment, Royal West.	8 ,, West Yorkshire Regiment.
19 ,, Irish Fusiliers, Royal.	25 ,, Sussex Regiment, Royal.	1 ,, Army Hospital Corps.
10 ,, Irish Rifles, Royal.	16 ,, South Wales Borderers.	11 ,, Royal Army Medical Corps.
9 ,, Kent Regiment, East.	35 ,, Warwickshire Regiment, Royal.	9 ,, Surrey Regiment, East.
5 ,, Kent Regiment, Royal West.		5 ,, Bedford Regiment.
5 ,, King's Own Scottish Borderers.		
21 ,, King's Royal Rifle Corps.		
37 ,, Lancashire Fusiliers.		
1 ,, 13th Hussars.		
		1,000 Total.

TABLE VII.—SCHOOL PRIZE LIST.

Standard or Class.	No. on Ship's Books.	Name.	No. on Watch Bill.	Prize.	Union or Parish.	Destination.
				s. d.		
VI.	6058	C. Cheshire ... ..	191	5 0	St. George's ... ..	M. Marine.
"	6802	C. Stygall ... ..	222	5 0	Wandsworth ... ..	Still on board
"	7060	W. Baker ... ..	105	3 0	Poplar ... ..	"
"	6932	E. Stretton ... ..	10	3 0	Lewisham ... ..	Army.
"	7180	G. Laws ... ..	67	2 0	Camberwell ... ..	Royal Navy.
"	7200	F. Batt... ..	58	2 0	Wandsworth ... ..	Still on board.
"	6804	G. Timms ... ..	561	1 0	" ... ..	"
"	7341	F. Chitty ... ..	494	1 0	Kingston ... ..	"
V.	7113	W. Mills ... ..	29	5 0	Greenwich ... ..	Army.
"	5986	J. Tyrrell ... ..	548	5 0	Lewisham ... ..	M. Marine.
"	7155	W. Baker .. ..	3	3 0	Fulham ... ..	Royal Navy.
"	6718	A. Smith ... ..	116	3 0	Bedford ... ..	Still on board.
"	7177	H. Evers ... ..	121	2 0	Holborn ... ..	Royal Navy.
"	6827	S. Goodman ... ..	196	2 0	Islington ... ..	"
"	7034	W. Lowrie ... ..	529	1 0	St. Saviour's ... ..	Friends.
"	6730	D. Spaul ... ..	214	1 0	Fulham ... ..	M. Marine.
IV.	6648	E. King ... ..	47	5 0	St. Saviour's ... ..	"
"	6925	C. Sewell ... ..	115	5 0	Camberwell ... ..	"
"	6622	C. Webb ... ..	70	5 0	Chelsea ... ..	"
"	6887	S. Harrison... ..	458	5 0	Holborn ... ..	"
"	6975	H. Latham ... ..	245	3 0	Fulham ... ..	Army.
"	6893	R. Harvey ... ..	351	3 0	Holborn ... ..	Royal Navy.
"	7042	C. Smith ... ..	230	3 0	Lewisham ... ..	Still on board.
"	7192	C. Riches ... ..	428	3 0	West Ham ... ..	Royal Navy.
"	7116	A. Wright ... ..	563	2 0	Whitechapel ... ..	"
"	7013	F. Pye ... ..	59	2 0	Paddington ... ..	Still on board.
"	7171	E. Enright ... ..	600	2 0	St. Saviour's ... ..	Royal Navy.
"	7276	E. Turtlebury ... ..	162	2 0	Islington ... ..	Still on board.
"	6997	F. Dakin ... ..	303	1 0	Lambeth ... ..	"
"	7100	F. Illing ... ..	185	1 0	St. Olave's ... ..	"
"	7009	E. Busby ... ..	34	1 0	Kensington... ..	"
"	6675	A. Jackson ... ..	170	1 0	St. Saviour's ... ..	Royal Navy.
Passed out of Standard IV.	6378	J. Watson ... ..	384	5 0	Lewisham ... ..	"
"	6472	H. Smith ... ..	413	5 0	Bloomsbury ... ..	"
"	6130	A. Burton ... ..	109	5 0	St. Pancras... ..	M. Marine.
"	6082	J. Moir... ..	478	5 0	Hackney ... ..	"
"	6564	G. Fysh ... ..	78	5 0	Wandsworth ... ..	Still on board.
"	6714	J. Holland ... ..	424	3 0	Strood ... ..	"
"	6440	E. Sullivan ... ..	571	3 0	Bethnal Green ... ..	M. Marine.
"	6348	H. Bowers ... ..	573	3 0	Kingston ... ..	Royal Navy.
"	6896	G. Shakeshaft ... ..	87	3 0	Holborn ... ..	Army.
"	6680	A. Watson ... ..	149	3 0	Eastbourne ... ..	Still on board.
"	6095	T. Brailsford ... ..	233	2 0	Paddington ... ..	M. Marine.
"	7090	F. Adams ... ..	432	2 0	St. George's, E.... ..	Still on board.
"	6543	G. Martin ... ..	471	2 0	Paddington ... ..	Army.
"	7204	W. Compton ... ..	453	2 0	Islington ... ..	Royal Navy.
"	6604	W. Jackson ... ..	280	2 0	St. Pancras... ..	M. Marine.
"	6424	J. Smith ... ..	21	1 0	Lambeth ... ..	"
"	7063	W. Wright ... ..	91	1 0	Mill End ... ..	Royal Navy.
"	6858	W. Motteram ... ..	369	1 0	St. Pancras... ..	M. Marine.
"	7086	F. Brand ... ..	127	1 0	Lewisham ... ..	Royal Navy.
"	6905	J. Price ... ..	402	1 0	St. Pancras... ..	M. Marine.
III.	6944	E. Beddingham... ..	195	4 6	St. Saviour's ... ..	Army.
"	6920	B. Jowers ... ..	416	4 6	West Ham ... ..	M. Marine.
"	6974	T. Latham ... ..	225	3 0	Fulham ... ..	"
"	6608	A. Sharpe ... ..	418	3 0	St. Pancras... ..	Friends.
"	6741	R. Johnson... ..	513	2 0	Islington ... ..	M. Marine.
"	6706	H. Hill ... ..	570	2 0	Lewisham ... ..	Royal Navy.
"	6850	A. Adrian ... ..	599	1 0	Hackney ... ..	Still on board.
"	6722	C. Eames ... ..	172	1 0	St. Pancras... ..	"
"	6967	W. Bass ... ..	319	1 0	Marylebone... ..	"
"	6685	F. Elliott ... ..	66	1 0	Greenwich ... ..	"
II.	6968	C. Hayward ... ..	497	4 0	Marylebone ... ..	Royal Navy.
"	6674	J. Gillard ... ..	216	4 0	" ... ..	M. Marine.
"	6960	F. Higgs ... ..	9	3 0	Lambeth ... ..	Still on board.
"	7037	S. Hazell ... ..	92	3 0	Kingston ... ..	Army.
"	6672	W. Chalk ... ..	83	2 0	Fulham ... ..	"
"	6922	W. Beard ... ..	200	2 0	St. Pancras .. ..	Royal Navy.
"	6855	J. Burns ... ..	159	1 0	West Ham ... ..	"
"	6914	H. Webb ... ..	136	1 0	Islington ... ..	Army.
I.	6762	W. Fern ... ..	113	3 6	City of London ... ..	Still on board.
"	6834	F. Moule ... ..	520	3 6	Camberwell ... ..	"
"	7051	D. Edgington ... ..	187	2 6	St. Pancras... ..	"
"	6999	A. Mansfield ... ..	28	2 6	Lambeth ... ..	"
"	6854	A. Rutter ... ..	307	1 0	West Ham ... ..	Royal Navy.
"	6133	C. Clarke ... ..	468	1 0	St. Pancras... ..	M. Marine.



TABLE VIII.—BAND COMPETITION.

Name, &c.	No. on Ship's Books.	Union or Parish.	Destination.
For best reading and playing at sight—			
342. J. Rolfe ... ..	6368	Wandsworth ...	Army.
559. B. Holt ... ..	7019	West Ham ...	Royal Navy.
470. P. Farndell ... ..	7049	„ ...	„
For best general knowledge of music—			
200. W. Beard ... ..	6922	St. Pancras ...	Royal Navy.
272. J. Vincent... ..	7286	Mile End ...	„
7. A. Bremner ... ..	7289	„ ...	Army.
For best performance in playing a solo—			
409. A. Reid ... ..	6810	Mile End ...	Still on board.
285. H. Moore ... ..	7020	West Ham ..	Royal Navy.
189. H. Strong ... ..	6753	St. Pancras ...	Friends.
For quickest progress in 2nd Class Band—			
6. G. Monkley ... ..	7176	Holborn ...	Royal Navy.
43. J. Lane ... ..	6654	Fulham ...	Army.
130. W. Sharman ... ..	6895	Holborn ...	Royal Navy.
87. G. Shakeshaft ... ..	6896	„ ...	Army.
For quickest progress in 3rd Class Band—			
505. A. Halling ... ..	7148	St. Pancras ...	Army.
172. C. Eames ... ..	6722	„ ...	Still on board.
461. J. Yetton ... ..	7244	Bethnal Green ...	Royal Navy.
3. W. Baker ... ..	7155	Fulham ...	„
For boys in Bugle Band—			
416. A. Jowers ... ..	6920	West Ham ...	M. Marine.
29. W. Mills ... ..	7113	Greenwich ...	Army.
41. A. Davis ... ..	6107	St. George's ...	„
264. A. Cross ... ..	6710	Woolwich ...	Still on board.
Boys who have taken greatest care of their instruments—			
471. G. Martin ... ..	6543	Paddington ...	Army.
316. G. Davis ... ..	6678	City of London ...	Royal Navy.
196. S. Goodman ... ..	6827	Islington ...	„
189. H. Strong ... ..	6753	St. Pancras ...	Friends.

TABLE IX.—SWIMMING COMPETITION AND PRIZE LIST.

No. on Ship's Books.	Name.	No. on Watch Bill.	Union or Parish.	Lengths.	Distance swum in one hour.	Destination.
6142	A. Stevens... ..	14	St. Saviour's ...	128	1¼ miles 360 yards ...	M. Marine.
6397	T. McClarence ... ..	77	Bethnal Green ...	126	1¼ „ 320 „ ...	Royal Navy.
6695	C. Fearn ... ..	228	Camberwell ...	122	1¼ „ 240 „ ...	M. Marine.
6107	A. Davis ... ..	41	St. George's ...	120	1¼ „ 200 „ ...	Army.
6961	C. Beard ... ..	490	Lambeth ...	118	1¼ „ 160 „ ...	Still on board
6604	W. Jackson ... ..	280	St. Pancras ...	118	1¼ „ 160 „ ...	M. Marine.
6689	C. Taylor ... ..	46	Camberwell ...	116	1¼ „ 120 „ ...	Royal Navy.
6525	S. Bryant ... ..	263	Paddington ...	114	1¼ „ 80 „ ...	„
6476	S. Applin ... ..	184	City of London ...	112	1¼ „ 40 „ ...	M. Marine.
6593	J. Austin ... ..	42	St. Pancras ...	112	1¼ „ 40 „ ...	„
6672	W. Chalk ... ..	83	Fulham ...	112	1¼ „ 40 „ ...	Still on board
6463	J. Boddington ... ..	248	Marylebone ...	110	1¼ „ ... ..	„
6744	C. Jeans ... ..	539	St. Pancras ...	110	1¼ „ ... ..	M. Marine.
6791	W. Ehm ... ..	286	Lewisham ...	110	1¼ „ ... ..	Still on board.
6980	T. Stent ... ..	238	Wandsworth ...	92	1 mile 80 yards... ..	Royal Navy.
6440	E. Sullivan ... ..	571	Bethnal Green ...	83	¾ „ 340 „ ...	M. Marine.

This year the prizes were awarded to the boys who swam the longest distance in one hour, and the following is the list of prize winners :—

1st Prize	...	A. Stevens	...	Silver Watch, presented by Ship Committee.
2nd „	...	T. McClarence	...	Silver Medal, presented by Mr. Joseph Walton, Medallist.
3rd „	...	C. Fearn	...	15/-
4th „	...	A. Davis	...	10/-
5th „	...	C. Beard	...	6/3
6th „	...	W. Jackson..	...	6/3
7th „	...	C. Taylor	...	2/6

} Tie } Allowed by Committee.

Number of boys who could not swim, 1st January, 1900	...	...	...	65
Number of boys admitted in 1900	...	...	...	422
Total	...	...	...	487

TABLE X.—GYMNASTIC COMPETITION AND PRIZE LIST.

No. on Ship's Books.	Name.	No. on Watch Bill.	Union or Parish.	No. of Marks obtained.	Prizes.	Destination.
6476	S. Applin ...	184	City of London ...	73	Silver watch* ...	Mercantile Marine.
6095	T. Brailsford ...	233	Paddington ...	72	15s. ...	" "
6127	R. Taylor ...	243	St. Pancras ...	69	10s. ...	" "
6440	E. Sullivan ...	571	Bethnal Green ...	68	7s. 6d. ...	" "
6142	A. Stevens ...	14	St. Saviour's ...	67	5s. ...	" "
6130	A. Burton ...	109	St. Pancras ...	66	2s. 6d. ...	" "

\* Kindly given by James Brown, Esq.

TABLE XI.—AMBULANCE COMPETITION AND PRIZE LIST.

First examination ...	James Cuthbert ...	s. d. ... 6 0	First examination ...	Cecil Rowatt ...	s. d. ... 2 0
"	George Fysh ...	" 5 0	"	Philip Couchman ...	" 2 0
"	Arthur Honess ...	" 3 6	"	Frank Weatherley ...	" 2 0
"	Charles Webb ...	" 3 6	"	Joseph Holland ...	" 2 0
"	Walter Edey ...	" 3 6	"	James Gillard ...	" 2 0
"	Leonard Rowatt...	" 2 6	"	Absalom Burton...	" 2 0
Final examination ...	Harold Targett ...	4s.			

TABLE XII.—PARTICULARS OF OLD BOYS WHO HAVE VISITED THE "EXMOUTH" AND OF OTHERS OF WHOM INFORMATION HAS BEEN OBTAINED DURING 1900.

No.	Name.	No. on Ship's Books.	Union or Parish.	Date when heard of, or visited ship.	Reported by	Remarks.
1	E. Skelton ...	5927	Medway ...	1 Jan.	Visited ship. } " } " } " } " } " }	Doing very well indeed in royal navy, H.M.S. "Curacoa."
2	F. Coker ...	5579	Brentford ...	2 "		Doing well in royal navy, H.M.S. "Diadem."
3	T. Hill ...	4806	Poplar ...	5 "		Doing well in royal navy as bluejacket.
4	C. Clarke ...	6262	Islington...	10 "		Doing well in royal navy as band boy.
5	G. Taylor ..	6131	St. Pancras ...	10 "		Doing well in royal navy as bluejacket.
6	J. Carroll...	3556	St. George's ...	14 "		Doing exceedingly well in the s.s. "Cayo Romano."
7	H. Guy ...	5832	St. Saviour's ...	14 "		Doing exceedingly well in the s.s. "Joshua Nicholson."
8	C. Kröeger ...	6449	Holborn ...	15 "	"	Doing exceedingly well in the army.
9	W. Long ...	6456	Lambeth...	22 "	"	Is now a 1st class petty officer in H.M.S. "Sans Pareil."
10	A. Heald ...	1910	Greenwich ...	25 "	} Seen by Mr. Hall while at Sheerness on duty. }	Is now a leading seaman in H.M.S. "Sans Pareil."
11	G. Worth...	4471	Islington...	25 "		Doing very well in royal navy; is now acting gymnastic instructor.
12	M. Gombrick ...	5264	Greenwich ...	25 "		Is now seaman gunner in H.M.S. "Sans Pareil."
13	W. Evason ...	4286	Islington...	25 "	Visited ship. } " } " }	Doing well in the army as bandsmen.
14	C. Banks ...	2928	Lewisham ...	31 "		Doing very well in the s.s. "Envoy."
15	J. Dixon ...	5577	St. George's ...	31 "		Doing very well in the s.s. "Yola."
16	W. Chapple ...	6275	Hammersmith	16 Feb.	} Seen by Mr. Hall while at Chatham on duty. }	Doing very well in H.M.S. "Pembroke" as domestics.
17	D. Thorne ...	6460	St. Pancras ...	19 "		Doing well in the steam yacht "Walrus."
18	H. Greig ...	4493	City of London	23 "		Doing well in the mercantile marine.
19	H. Hook ...	6367	Hackney ...	23 "	Visited ship ... }	Doing well in the mercantile marine.
20	G. Willsher ...	5516	Bedford ...	23 "		Doing well in the mercantile marine in s.s. "Orizaba."
21	E. Humphries	5719	Medway ...	23 "		Doing well in the mercantile marine.
22	J. Smith ...	6811	Mile End...	23 "	" } " } " }	Doing well on shore at a tinsmith's.
23	S. Smith ...	6495	Islington...	23 "		Doing very well indeed in the mercantile marine.
24	A. Gordon ...	6227	Camberwell ...	4 Mar.		Doing well on shore as a warehouseman.
25	S. Mortis...	6525	Lewisham ...	7 "	"	Doing well on shore as a vanboy.
26	C. Webb ...	6342	Holborn ...	8 "	"	Doing well on shore as a timekeeper.
27	J. Farley ...	5609	Woolwich ...	8 "	"	Doing well on shore at a bellmaker's.
28	A. Bowes...	6594	St. Pancras ...	11 "	"	Doing very well indeed in the royal navy as domestics.
29	B. Hales ...	7143	Stepney ...	22 "	"	
30	J. Moore ...	5140	Fulham ...	24 "	"	
31	F. Finch ...	6404	Hackney ...	1 Apl.	"	
32	R. Stead ...	6399	Greenwich ...	16 "	"	
33	E. Aird ...	5699	Woolwich ...	16 "	"	
34	P. Bower...	4898	St. Pancras ..	16 "	"	
35	S. Dowsett ...	6390	St. Saviour's ...	16 "	"	
36	J. Heritage ...	2537	Mile End...	16 "	"	
37	G. Hopcroft ...	6240	Lambeth ...	16 "	"	
38	A. Coyle ...	6556	Lewisham ...	16 "	"	
39	S. Bishop...	6181	Kensington ...	16 "	"	



No.	Name	No. on Ship's Books.	Union or Parish.	Date when heard of, or visited ship.	Reported by	Remarks.
40	H. Connor ...	5230	Chelsea ...	16 Apl.	Visited ship ...	Doing very well indeed in the royal navy as bluejacket.
41	F. Banks ...	2960	St. Saviour's ...	16 "	"	Is a 1st class petty officer in the royal navy.
42	W. Edwards ...	4514	Hackney ...	16 "	"	Doing well on shore as a capsule maker.
43	J. Cowen ...	5367	St. Saviour's ...	16 "	"	Doing well on shore as a carman.
44	A. Lane ...	4629	City of London	16 "	"	Doing well in mercantile marine.
45	G. Wetherly ...	5614	Strood ...	16 "	"	Doing well on shore as a painter.
46	W. Holmwood	5762	St. Saviour's ...	16 "	"	Doing well on shore as a carman.
47	E. Pullen ...	2921	Lambeth ...	16 "	"	Doing very well indeed in the mercantile marine.
48	J. Blackie ...	4903	St. Saviour's ...	16 "	"	Doing well on shore as a chaffcutter.
49	F. Adams ...	5025	Lambeth ...	16 "	"	Doing well in mercantile marine.
50	W. Adams ...	2244	St. George's, E.	16 "	"	Doing well on shore at a corn merchant's.
51	W. Vickery ...	3097	Paddington ...	16 "	"	Doing well on shore at a greengrocer's.
52	T. Comer ...	5203	Fulham ...	16 "	"	Doing well in mercantile marine.
53	E. Amos ...	3196	Lewisham ...	16 "	"	Doing well on shore as a carman.
54	W. Hynes ...	5903	"	16 "	"	Doing well on shore as a plumber's mate.
55	W. Green ...	5972	St. Pancras ...	16 "	"	Doing well on shore as a billiard marker.
56	J. Berry ...	4742	Camberwell ...	1 May	"	Doing well in the Royal Horse Artillery.
57	R. Spinks ...	6141	St. Saviour's ...	13 "	"	Doing well in mercantile marine.
58	A. Woodnutt ...	6225	Kingston ...	13 "	"	
59	W. Baldwin ...	6285	Kensington ...	24 "	"	
60	H. Seale ...	6342	Holborn ...	25 "	"	
61	W. Tagg ...	6785	Lewisham ...	27 "	"	Doing well on shore; wants to go to sea again.
62	J. Glasgow ...	5767	St. Marylebone	27 "	"	
63	W. Hall ...	6209	Camberwell ...	3 Jun.	"	Doing well in mercantile marine.
64	R. Cleft ...	6439	Bethnal Green	3 "	"	Doing exceedingly well in the army.
65	A. Jennings ...	5905	Fulham ...	3 "	"	
66	T. Richardson	5118	St. Saviour's ...	4 "	"	Doing well on shore in an ironfoundry.
67	J. Goodman ...	6232	Hackney ...	4 "	"	Doing well in the mercantile marine.
68	B. Brooks ...	5835	St. George's ...	4 "	"	Doing very well on shore as a waiter.
69	E. Webber ...	4639	Fulham ...	4 "	"	Doing very well on shore as a paper-maker.
70	H. Ryder ...	4935	St. Pancras ...	4 "	"	Doing very well on shore as a grocer's assistant.
71	W. Ryder ...	4936	"	4 "	"	Doing very well on shore as a vanboy.
72	H. Green ...	5934	Lewisham ...	4 "	"	Doing very well in the army as a band boy.
73	G. Read ...	5171	"	4 "	"	Doing very well in the royal navy as band boy.
74	A. Stiff ...	5795	Strood ...	4 "	"	Doing very well in the mercantile marine.
75	A. Moule ...	6174	Camberwell ...	4 "	"	
76	J. Lackey ...	4902	St. Saviour's ...	4 "	"	Doing very well on shore as a chaffcutter.
77	E. Spanner ...	2011	Hackney ...	4 "	"	Doing very well on shore as a plumber.
78	W. Baldwin ...	6861	Kensington ...	4 "	"	Doing very well in mercantile marine.
79	A. Bethray ...	6019	Fulham ...	9 "	"	Doing very well in s.s. "British Prince."
80	J. Cotton ...	6625	Chelsea ...	9 "	"	
81	A. Sparrow ...	6035	St. George's ...	10 "	"	Doing very well in s.s. "Gothic."
82	F. Jewell ...	5229	Chelsea ...	16 "	"	Doing well ashore as a railway porter.
83	R. Lavler ...	5943	Woolwich ...	5 July	"	Doing well in royal navy.
84	H. Beard ...	6446	Lambeth ...	6 "	"	All doing well in the Manchester Regiment as band boys.
85	G. Twitchell ...	6143	St. Saviour's ...	6 "	"	
86	B. Price ...	6838	St. George's, E.	6 "	"	
87	J. Chivers ...	7259	Hackney ...	6 "	"	
88	D. Newcombe	6612	W. & Clapham	6 "	"	Doing very well on shore.
89	T. Boddy ...	5163	Poplar ...	8 "	"	
90	A. Leonard ...	1851	Lewisham ...	8 "	"	Doing exceedingly well on shore as a grocer.
91	J. Moore ...	5140	Fulham ...	9 "	"	Doing exceedingly well in the R.M.S. "Orizaba."
92	G. Hopkins ...	5510	St. Saviour's ...	11 "	"	Doing very well in the royal navy as a band boy.
93	W. Chapple ...	6275	Fulham ...	14 "	"	Doing very well in the mercantile marine.
94	R. Stead ...	6399	Greenwich ...	15 "	"	
95	W. Williams ...	6927	"	15 "	"	Doing very well in royal navy as a bluejacket.
96	G. Taylor ...	6131	St. Pancras ...	18 "	"	Doing very well in royal navy as a band boy.
97	A. Leonard ...	1851	Lewisham ...	18 "	"	Doing well on shore as a grocer.
98	C. Rogers ...	2825	St. Olave's ...	19 "	"	Doing very well in royal navy, H.M.S.
99	H. Lawrence ...	3035	Lambeth ...	19 "	"	"Powerful"; just home from South Africa.
100	H. Smith ...	6472	Bloomsbury ...	21 "	"	Doing well in royal navy as domestic.
101	A. Ibberson ...	5720	Kensington ...	21 "	"	Doing well in mercantile marine.
102	S. Mortlock ...	5598	Whitechapel ...	24 "	"	Doing well in royal navy as band boy.
103	A. Gibbons ...	2170	Holborn ...	28 "	"	Doing well on shore.
104	W. Lucas ...	6694	Lambeth ...	29 "	"	Doing exceedingly well in mercantile marine.
105	F. Philips ...	5553	Kensington ...	29 "	"	
106	A. Bignon ...	4210	Islington ...	7 Aug.	"	Doing well in the mercantile marine.
107	J. Smith ...	6424	Lambeth ...	7 "	"	
108	W. Livett ...	7104	Hammersmith	7 "	"	Doing well in royal navy as domestic.
109	W. Wookey ...	6957	Lambeth ...	10 "	"	
110	T. McClarence	7397	Bethnal Green	12 "	"	Doing well in mercantile marine.
111	A. Bowes ...	6594	St. Pancras ...	12 "	"	Doing well in royal navy as domestic.
112	J. Rowland ...	7394	Bethnal Green	12 "	"	Doing well in mercantile marine, s.s. "Minneapolis."
113	H. Aldrick ...	6536	Islington ...	21 "	"	Doing very well indeed in royal navy as signalman.
114	C. Andrews ...	5729	Marylebone ...	24 "	"	

# TRAINING SHIP "EXMOUTH," 1900.

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No.	Name.	No. on Ship's Books.	Union or Parish.	Date when heard of, or visited ship.	Reported by	Remarks.
115	W. Hall ...	6671	St. George's ...	24 Aug.	Visited ship ...	Doing well in royal navy as domestic.
116	A. Humphries ...	2860	Woolwich ...	25 "	" ...	Doing well on shore.
117	J. Lacey ...	6359	St. Saviour's ...	25 "	" ...	Doing well in mercantile marine.
118	R. Lawler ...	5943	Woolwich ...	25 "	" ...	Doing very well in royal navy as bluejacket.
119	B. Brooks ...	5835	St. George's ...	26 "	" ...	Doing well on shore as a waiter.
120	E. King ...	6441	Bethnal Green ...	26 "	" ...	Doing well in mercantile marine, s.s. "Lake Erie."
121	C. Rowatt ...	6372	Kingston ...	1 Sep.	" ...	Doing well in royal navy as domestic.
122	G. Cobb ...	6559	" ...	1 "	" ...	Doing well in mercantile marine.
123	F. Leon ...	6322	Medway ...	6 "	" ...	Doing very well on shore.
124	F. Russell ...	1477	St. Pancras ...	6 "	" ...	Is a first class petty officer, H.M.S. "Pembroke."
125	W. Lilley ...	6139	St. Saviour's ...	7 "	" ...	Doing very well in army as band boy.
126	W. Palmer ...	"Goliath"	Boy ...	9 "	" ...	Doing exceedingly well on shore.
127	T. Shill ...	6300	St. Pancras ...	16 "	" ...	Doing well on shore as a printer.
128	H. Ramsden ...	6607	" ...	19 "	" ...	Doing well in mercantile marine.
129	C. Back ...	6358	St. Saviour's ...	24 "	" ...	Doing well on shore as a waiter.
130	M. McCarthy ...	5980	Paddington ...	11 Oct.	" ...	Doing very well indeed in mercantile marine.
131	A. Stiff ...	5795	Strood ...	12 "	" ...	
132	F. Hammond ...	6515	Camberwell ...	16 "	" ...	Doing exceedingly well in mercantile marine.
133	W. Wilson ...	5837	St. George's ...	21 "	" ...	Doing well in mercantile marine.
134	A. Shields ...	5134	Bethnal Green ...	21 "	" ...	
135	H. Seal ...	6346	Holborn ...	22 "	" ...	
136	C. Mason ...	6128	" ...	24 "	" ...	
137	W. Chapple ...	6275	Fulham ...	25 "	" ...	Doing very well indeed in s.s. "Marquette."
138	A. Ibberson ...	5720	Kensington ...	3 Nov.	" ...	
139	A. Browning ...	6629	Woolwich ...	7 "	" ...	Doing very well indeed in s. "Thetis."
140	J. Melross ...	3964	St. Saviour's ...	10 "	" ...	Doing very well indeed in H.M.S. "Eclipse."
141	J. Moore ...	5140	Fulham ...	17 "	" ...	Doing very well indeed in R.M.S. "Orizaba."
142	C. Back ...	6358	St. Saviour's ...	2 Dec.	" ...	Doing well on shore.
143	R. Waples ...	6514	Camberwell ...	5 "	" ...	Doing well in the army.
144	C. Friend ...	6611	Lambeth ...	9 "	" ...	Doing very well in mercantile marine.
145	J. Giles ...	6569	Bloomsbury ...	9 "	" ...	
146	T. Fellows ...	5015	Camberwell ...	13 "	" ...	Doing very well in royal navy as a bluejacket.
147	C. Taylor ...	6689	" ...	13 "	" ...	Doing very well in royal navy as band boys.
148	G. Gilcad ...	6104	Poplar ...	15 "	" ...	
149	J. Lipman ...	6808	Mile End ...	15 "	" ...	Doing very well in the army.
150	W. Page ...	4830	Poplar ...	21 "	" ...	





# MEDICAL SUPPLEMENT

TO THE

## REPORT OF THE STATISTICAL COMMITTEE

FOR THE

YEAR 1900.

EDITED BY

F. M. TURNER, M.D.,

AND

H. E. CUFF, M.D., F.R.C.S.



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## COMPLICATIONS AND CO-EXISTENT INFECTIOUS DISEASES, 1900.

Tables I., II., III. show the number and percentage incidence of complications occurring amongst the cases completed during 1900 at the various hospitals.

In cases which have been transferred from one hospital to another the complications have been enumerated under the hospital at which they were first observed.

Albuminuria includes all cases in which albumen was observed, even if observed on one occasion only; unless other symptoms of nephritis were present, in which case the complication is included as nephritis.

Adenitis of convalescence includes cases of cervical adenitis occurring apart from faucial inflammation.

Mastoid abscess includes all cases of suppuration in or about the mastoid region.

The tables include all the common and many of the rarer complications of the diseases treated.

Table IV. shows the number of cases in which two diseases were co-existent on admission. The two diseases were not in all cases of the same duration. Thus a case admitted with acute diphtheria and showing some late desquamation due to scarlet fever is entered as co-existent scarlet fever and diphtheria.

TABLE I.—*Incidence of Complications amongst 10,700 cases of Scarlet Fever completed during 1900.*

[illegible]



TABLE II.—Incidence of Complications amongst 8,238 cases of Diphtheria completed during 1900.

COMPLICATION.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Fountain.	Grove.	South-Eastern.	Park.	Brook.	Northern.	Gore Farm.	Total.	Percentage Incidence.
Total cases ... ..	1,406	13	794	910	624	710	589	1,017	1,240	935	476	567	8,238	...
Albuminuria ... ..	644	5	206	319	210	367	90	216	303	247	...	3	2,610	31·70
Paralysis ... ..	207	2	131	172	73	171	98	303	196	155	17	1	1,526	18·50
Relapse of disease ... ..	17	...	5	12	28	16	9	24	13	34	1	6	165	2·00
Broncho-pneumonia ... ..	11	...	2	11	18	9	6	24	12	4	...	...	97	1·17
Otitis ... ..	194	...	54	58	24	42	19	66	87	50	10	6	610	7·42
Pneumonia ... ..	12	...	4	...	...	...	1	2	5	4	...	...	28	0·34
Nephritis ... ..	3	...	18	3	...	7	...	9	1	14	2	1	58	6·70
Scarlet fever ... ..	61	2	22	26	28	26	23	81	38	56	16	9	388	4·71
Chickenpox ... ..	1	2	5	7	18	6	3	7	1	23	2	2	77	0·93
Measles ... ..	21	...	12	1	6	3	8	...	...	12	...	...	63	0·76
Whooping cough ... ..	1	...	7	2	1	3	1	4	1	2	...	...	22	0·27
Rötheln ... ..	4	...	...	...	1	1	...	7	...	1	...	1	15	0·18
Tuberculosis... ..	...	...	1	1	...	1	...	...	...	...	...	1	4	0·05
Enteric fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Complications referable to Antitoxic Serum amongst 7,280 cases of Diphtheria treated with it.														
Total cases ... ..	1,391	9	511	910	527	644	574	844	1,009	861	1	...	7,280	...
Rash ... ..	531	4	50	506	242	317	371	349	275	453	1	3	3,102	42·60
Joint-pains ... ..	53	1	11	16	60	49	50	31	52	60	...	...	383	5·26
Abscess ... ..	6	...	5	3	16	4	16	14	2	18	...	...	84	1·15
Pyrexia (unattended with rash or pains)...	1	1	...	1	...	1	6	...	9	...	...	...	19	0·26

TABLE III.—Incidence of Complications amongst 1,749 cases of Enteric Fever completed during 1900.

COMPLICATION.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Grove.	South-Eastern.	Park.	Brook.	Total.	Percentage Incidence.
Total cases ... ..	214	5	326	171	100	350	212	212	159	1,749	...
Relapse of disease ... ..	27	1	18	14	13	59	23	22	11	188	10·76
Hæmorrhage ... ..	14	...	11	10	15	29	16	12	8	115	6·57
Abscesses ... ..	13	...	2	2	5	34	8	1	3	68	3·88
Perforation... ..	12	...	8	2	5	6	4	7	2	46	2·63
Pneumonia ... ..	6	...	15	2	7	7	4	2	4	47	2·69
Peritonitis (non-perforative) ... ..	2	...	7	3	1	...	1	...	...	14	0·80
Periostitis ... ..	6	...	...	2	1	9	3	3	1	25	1·43
Pleurisy ... ..	2	...	1	4	3	3	2	...	3	18	1·03
Phlebitis ... ..	8	...	2	1	2	5	3	1	2	24	1·37
Dementia (post-febrile) ... ..	1	...	5	...	1	5	4	1	2	19	1·08
Broncho-pneumonia ... ..	1	...	4	2	...	5	5	3	2	22	1·26
Parotitis ... ..	2	...	2	...	...	...	2	1	1	8	0·45
Laryngitis ... ..	...	...	...	...	...	...	...	...	3	3	0·17
Scarlet fever ... ..	...	...	...	...	...	...	...	...	...	...	0·00
Diphtheria ... ..	1	...	...	...	...	1	...	...	2	4	0·23

TABLE IV.—*Number of Cases in which two separate Infectious Diseases were co-existent at the time of admission during 1900.*

Co-EXISTENT INFECTIONS.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Fountain.	Grove.	South-Eastern.	Park.	Brook.	Total.
Scarlet fever and diphtheria ...	46	5	12	28	23	22	..	43	2	35	216
Scarlet fever and chickenpox ...	1	7	1	5	5	..	..	10	..	7	36
Scarlet fever and whooping cough...	1	12	6	1	4	4	3	5	1	11	48
Scarlet fever and measles ...	..	1	..	5	2	..	..	3	2	1	14
Scarlet fever and tuberculosis ...	..	2	..	1	..	1	..	..	..	2	6
Scarlet fever and r��theln ...	2	1	1	..	1	..	..	2	..	..	7
Scarlet fever and enteric fever ...	..	..	1	..	..	..	1	..	..	..	2
Scarlet fever and mumps ...	..	..	..	..	1	2	..	..	..	..	3
Diphtheria and measles ...	21	..	3	2	4	1	1	10	2	6	50
Diphtheria and chickenpox ...	10	..	..	..	2	4	..	4	..	6	26
Diphtheria and whooping cough ...	9	..	1	..	2	6	3	15	..	6	42
Diphtheria and tuberculosis ...	1	..	..	..	1	..	..	3	1	..	6
Diphtheria and enteric fever ...	..	..	..	..	..	1	..	1	..	..	2
Diphtheria and r��theln ...	2	..	..	..	..	..	..	1	..	..	3
Diphtheria and mumps ...	..	..	..	..	..	..	..	..	..	..	..
Enteric fever and tuberculosis ...	..	..	..	1	..	..	..	..	..	..	1
Enteric fever and whooping cough ...	..	..	..	..	..	..	1	..	..	..	1
Total ... ..	..	..	..	..	..	..	..	..	..	..	463
Total number of scarlet fever, diphtheria, and enteric fever cases admitted }	..	..	..	..	..	..	..	..	..	..	19,944
Percentage in which two diseases were present }	..	..	..	..	..	..	..	..	..	..	2.32

POST-SCARLATINAL DIPHTHERIA DURING 1900.

The following tables give lists of cases, with dates of onset and other particulars, of post-scarlatinal diphtheria during 1900. The lists are compiled from completed cases only. Thus cases occurring at the end of 1899, but discharged after January 1st, 1900, are included, while cases occurring at the end of 1900, but remaining in hospital at the end of the year, are excluded.

EASTERN HOSPITAL.—TABLE I.—*Post-Scarlatinal Diphtheria during 1900.*

No.	Initials	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of Attack.	Result.		Antitoxin or not.
1	E. M. P.	F	3	Courage	Nov. 4/99	Jan. 12/00	68	Faucial and Nasal	R	..	Antitoxin.
2	F. H.	F	9	Courage	Dec. 6 "	" 13 "	36	Faucial ... ..	R	..	No antitoxin.
3	E. G.	F	10	Courage	Nov. 29 "	" 25 "	52	" ... ..	R	..	Antitoxin.
4	C. W.	M	6	Honor ...	Apr. 17/00	Apr. 29 "	10	Faucial and Nasal	..	*D	"

NORTH-EASTERN HOSPITAL.—TABLE II.—*Post-Scarlatinal Diphtheria during 1900.*

No.	Initials	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of Attack.	Result.		Antitoxin or not.
1	R. B.	M	2	12	Oct. 7/99	Nov. 10/99	31	Faucial & Laryngeal	R	..	Antitoxin.
2	A. C.	M	2	12	Aug. 4 "	" 6 "	93	Faucial ... ..	R	..	"
3	L. J.	M	3	12	Oct. 14 "	" 17 "	32	" ... ..	R	..	"
4	G. C.	M	1	12	Sept. 11 "	" 17 "	59	" ... ..	R	..	"
5	M. D.	F	2	4	" 26 "	Dec. 9 "	73	" ... ..	R	..	"
6	E. M.	F	4	4	Nov. 23 "	" 12 "	16	" ... ..	R	..	"
7	C. M.	F	4	4	Oct. 10 "	" 17 "	62	" ... ..	R	..	"
8	H. B.	F	6	4	Nov. 4 "	" 18 "	42	" ... ..	R	..	"
9	H. S.	M	2	4	Sept. 19 "	" 19 "	85	" ... ..	R	..	"

\* Death was due to scarlatinal nephritis.



NORTH-EASTERN HOSPITAL.—TABLE II.—*Post-Scarlatinal Diphtheria during 1900—continued.*

No.	Initials	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of Attack.	Result.		Antitoxin or not.
10	F. B.	F	4	4	Oct. 18/99	Dec. 19/99	61	Faucial ...	R	...	Antitoxin.
11	G. W.	F	4	4	Dec. 1 "	" 19 "	17	" ...	R	...	"
12	N. V.	F	7	4	Nov. 25 "	" 19 "	21	" ...	R	...	"
13	L. M.	F	3	4	" 13 "	" 26 "	43	Faucial & Laryngeal	R	...	"
14	F. M.	F	3	4	Sept. 22 "	" 27 "	93	Faucial ...	R	...	"
15	A. M.	F	5	4	Oct. 13 "	" 29 "	74	" ...	R	...	"
16	W. B.	M	4	13	Nov. 23 "	" 13 "	19	" ...	R	...	No antitoxin.
17	W. S.	M	4	13	" 25 "	" 16 "	19	Faucial & Laryngeal	R	...	Antitoxin.
18	S. P.	M	4	13	" 7 "	" 24 "	45	Laryngeal ...	R	...	"
19	A. H.	M	5	13	" 24 "	" 27 "	29	Faucial ...	R	...	"
20	W. W.	M	4	13	" 8 "	" 30 "	49	" ...	R	...	"
21	A. M.	M	5	13	" 24 "	" 30 "	35	" ...	R	...	"
22	R. G.	M	2	13	" 24 "	" 31 "	36	" ...	R	...	"
23	L. H.	F	4	11	Dec. 30 "	Feb. 2/00	32	Faucial & Laryngeal	R	...	"
24	M. C.	F	2	11	Jan. 17/00	" 3 "	14	Faucial ...	...	D	"
25	N. P.	F	5	11	" 2 "	" 3 "	30	" ...	R	...	"
26	J. M.	M	6	16	Oct. 26/99	Nov. 9/99	10	" ...	R	...	"
27	D. J.	M	34	18	Nov. 7 "	" 28 "	20	" ...	R	...	No antitoxin.
28	E. T.	F	3	3	Sept. 29 "	Dec. 13 "	72	" ...	R	...	Antitoxin.
29	R. P.	F	3	3	Oct. 12 "	" 20 "	64	" ...	R	...	No antitoxin.
30	E. H.	F	3	3	Mar. 10/00	Mar. 24/00	12	" ...	R	...	Antitoxin.
31	A. E.	M	2	3	Apr. 3 "	Apr. 23 "	42	" ...	R	...	"
32	J. L.	M	3	3	Mar. 12 "	May 28 "	72	" ...	R	...	"
33	H. J.	M	3	3	May 20 "	Aug. 21 "	87	Faucial and Nasal	R	...	No antitoxin.
34	W. C.	M	8	19	Dec. 17/99	Jan. 14 "	26	Faucial ...	R	...	"
35	L. T.	F	1	12	Feb. 16/00	Feb. 16 "	80	" ...	R	...	Antitoxin.
36	E. G.	F	3	2	Jan. 10 "	" 19 "	39	Laryngeal ...	R	...	"
37	A. D.	M	7	20	June 6 "	July 25 "	46	Faucial ...	R	...	No antitoxin.
38	G. C.	F	3	24	" 15 "	Aug. 3 "	46	Faucial & Laryngeal	R	...	Antitoxin.
39	A. C.	F	3	11	" 9 "	" 15 "	65	Faucial ...	R	...	No antitoxin.
40	F. C.	M	5	13	May 6 "	" 6 "	91	" ...	R	...	"
41	W. T.	M	8	15	" 11 "	" 18 "	93	" ...	R	...	Antitoxin.
42	D. L.	F	8	6	Oct. 6 "	Nov. 2 "	25	" ...	R	...	No antitoxin.
43	A. P.	F	4	11	Sept. 1 "	" 5 "	63	" ...	R	...	"

NORTH-WESTERN HOSPITAL.—TABLE III.—*Post-Scarlatinal Diphtheria during 1900.*

No.	Initials.	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of Attack.	Result.		Antitoxin or not.
1	J. D.	M	2	4	Jan. 6/00	Feb. 12/00	34	Nasal ...	R	...	Antitoxin.
2	M. V.	F	3	4	" 18 "	" 9 "	21	" ...	R	...	"
3	R. K.	F	5	4	" 18 "	Mar. 3 "	41	Faucial ...	R	...	"
4	J. C.	M	2½	A	Feb. 23 "	Apr. 22 "	44	" ...	R	...	"
5	J. H.	M	3	4	June 7 "	July 14 "	8	" ...	R	...	"
6	G. C.	M	3	4	Aug. 10 "	Sept. 14 "	36	Nasal ...	R	...	No antitoxin.
7	A. N.	M	3	4	" 22 "	" 17 "	25	" ...	R	...	Antitoxin.
8	H. B.	M	3	4	Sept. 23 "	Oct. 20 "	22	" ...	R	...	No antitoxin.
9	F. B.	M	3	A	" 7 "	Nov. 5 "	39	Faucial ...	R	...	"
10	G. R.	F	12	A	Nov. 2 "	Dec. 13 "	36	" ...	R	...	"
11	R. R.	M	2	2	" 29 "	" 23 "	23	Faucial and Nasal...	...	D	Antitoxin.

WESTERN HOSPITAL.—TABLE IV.—*Post-Scarlatinal Diphtheria during 1900.*

No.	Initials.	Sex.	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of Attack.	Result.		Antitoxin or not.
1	P. H.	F	5	2	Sept. 12/99	Sept. 25/99	9	Laryngeal ...	R	...	Antitoxin.
2	M. K.	F	5	9	Nov. 28 "	Dec. 15 "	17	Faucial ...	R	...	"
3	W. P.	M	2	12	" 30 "	" 21 "	16	Laryngeal ...	R	...	"
4	G. B.	M	6	13	" 29 "	Jan. 6/00	33	Faucial ...	R	...	"
5	D. W.	F	3	4	Oct. 31 "	Mar. 27 "	140	" ...	R	...	"
6	W. P.	M	5	11	Dec. 11 "	Feb. 24 "	75	" ...	R	...	"
7	E. C.	F	5	13	Feb. 1/00	Mar. 9 "	36	" ...	R	...	"
8	B. B.	M	1	14	Dec. 11/99	" 22 "	100	" ...	R	...	"
9	A. M.	M	5	4	Feb. 3/00	Apr. 25 "	78	" ...	R	...	"
10	W. G.	M	4	5A	June 2 "	June 8 "	6	" ...	R	...	"
11	W. T.	M	5	12	" 16 "	" 19 "	3	" ...	R	...	"
12	A. Q.	M	5	12	" 12 "	Aug. 16 "	63	" ...	R	...	"
13	I. C.	F	17	12	Aug. 18 "	Sept. 18 "	31	" ...	R	...	"
14	B. J.	F	6	4	Sept. 19 "	Oct. 14 "	24	" ...	R	...	"

SOUTH-WESTERN HOSPITAL.—TABLE V.—*Post-Scarlatinal Diphtheria during 1900.*

No.	Initials	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of Attack.	Result.	Antitoxin or not.
1	F.M.W	F	3	E 1	Sept. 10/99	Nov. 28/99	55	Nasal ...	R ...	No antitoxin.
2	C. C.	F	3	G 1	Oct. 27 "	Dec. 6 "	39	" ...	R ...	"
3	F.D.L.	M	5	C 2	Nov. 9 "	" 8 "	27	Faucial ...	R ...	"
4	M. H.	F	1 $\frac{1}{2}$	H 2	" 11 "	" 16 "	33	" ...	R ...	Antitoxin.
5	S. H.	M	3	C 2	Sept. 23 "	" 3 "	69	Nasal ...	R ...	No antitoxin.
6	G.W.M	M	3	G 1	Oct. 22 "	Nov. 12 "	18	Faucial ...	R ...	Antitoxin.
7	B. R.	F	20	F 1	Nov. 13 "	Jan. 4/00	50	" ...	R ...	No antitoxin.
8	E.G.M.	F	10	F 1	" 2 "	" 4 "	47	" ...	R ...	"
9	R. E.	M	3	S	Oct. 13 "	Nov. 12/99	29	Nasal ...	R ...	"
10	E. G.	M	3	C 2	Nov. 17 "	Dec. 28 "	23	" ...	R ...	"
11	R. P.	M	8 $\frac{1}{2}$	S	" 12 "	" 20 "	35	" ...	R ...	"
12	J. G.	M	4	C 2	Dec. 3 "	Jan. 2/00	27	" ...	R ...	"
13	A. D.	F	20	F 1	" 25 "	Feb. 14 "	51	Faucial ...	R ...	"
14	A. B.	M	5	S	Oct. 26 "	Nov. 7/99	11	Nasal ...	R ...	Antitoxin.
15	F. V.	F	4 $\frac{1}{2}$	D 2	Jan. 13/00	Feb. 3/00	18	Faucial ...	R ...	"
16	E. W.	F	5	F 2	" 19 "	Jan. 25 "	3	Nasal ...	R ...	No antitoxin.
17	K. S.	F	7	D 2	Feb. 27 "	May 12 "	73	Faucial & Laryngeal	R ...	Antitoxin.
18	F. C.	M	7	S	Mar. 23 "	" 20 "	56	Faucial ...	R ...	"
19	M. G.	F	8	G 2	" 8 "	" 19 "	70	" ...	R ...	"
20	C. G.	F	9	F 1	April 1 "	" 30 "	57	" ...	R ...	No antitoxin.
21	L. L.	F	2 $\frac{3}{4}$	F 2	May 5 "	" 27 "	19	Faucial and Nasal...	... D	Antitoxin.
22	E. F.	F	4	F 2	April 12 "	June 1 "	48	Faucial & Laryngeal	R ...	"
23	P. B.	M	3	E 1	" 9 "	" 12 "	63	Laryngeal ...	R ...	"
24	L. S.	M	5 $\frac{1}{2}$	S	" 11 "	May 31 "	48	Faucial & Laryngeal	R ...	"
25	A. H.	M	4	S	June 13 "	July 9 "	24	Nasal ...	R ...	"
26	W. C.	M	4	C 1	July 28 "	Aug. 26 "	26	" ...	R ...	"
27	W. F.	M	4	H 2	" 24 "	Sept. 28 "	64	Faucial ...	R ...	"
28	L. F.	M	5	H 2	Sept. 30 "	Oct. 27 "	25	Faucial and Nasal...	R ...	"
29	J. L.	M	3 $\frac{1}{2}$	H 2	" 1 "	Sept. 29 "	27	Faucial ...	R ...	"
30	C. V.	M	3	E 1	Nov. 21 "	Dec. 11 "	15	Faucial & Laryngeal	... D	"

FOUNTAIN HOSPITAL.—TABLE VI.—*Post-Scarlatinal Diphtheria during 1900.*

No.	Initials.	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of Attack.	Result.	Antitoxin or not.
1	E. J.	F	6	7	Oct. 22/99	Nov. 25/99	32	Faucial ...	R ...	Antitoxin.
2	W. T.	M	5	7	" 5 "	" 22 "	46	Nasal and Faucial	R ...	"
3	W. O.	M	3	7	" 23 "	" 26 "	34	" ...	R ...	"
4	E. H.	F	10	3	Nov. 20 "	Dec. 5 "	15	Faucial ...	R ...	No antitoxin.
5	E. C.	F	8	3	Feb. 14/00	Mar. 17/00	31	" ...	R ...	Antitoxin.
6	L. G.	F	6	7	Jan. 20 "	" 15 "	54	Laryngeal & Faucial	R ...	"
7	D. H.	F	10	1	Mar. 26 "	Apr. 21 "	26	Faucial ...	R ...	No antitoxin.
8	M. G.	F	8	3	Jan. 20 "	Mar. 16 "	55	Nasal and Faucial	R ...	Antitoxin.
9	L. E. V.	F	3	8	May 11 "	July 4 "	53	Faucial ...	R ...	"
10	L. M. Y.	F	8	6	July 26 "	Aug. 24 "	26	" ...	... D	"
11	F. C.	F	6	7	Oct. 3/99	Nov. 14/99	40	" ...	R ...	No antitoxin.
12	G. R.	M	5	7	" 13 "	" 30 "	43	Nasal ...	R ...	Antitoxin.
13	H. E. R.	M	4	9	" 17 "	Dec. 12 "	53	" ...	R ...	"
14	A. R.	F	4	7	" 21 "	Nov. 17 "	24	" ...	R ...	"
15	S. J. B.	M	2	8	" 13 "	Dec. 5 "	52	" ...	R ...	"
16	T. W.	M	3	7	" 9 "	Nov. 27 "	41	" ...	R ...	"
17	C. G.	M	2	7	Nov. 6 "	Dec. 18 "	35	Faucial ...	R ...	"
18	F. R.	F	3	7	Sept. 17 "	Nov. 23 "	67	Nasal ...	R ...	No antitoxin.
19	D. J.	F	3	3	Jan. 7/00	Mar. 3/00	54	" ...	R ...	"
20	F. H.	F	3	7	" 15 "	" 15 "	59	Faucial ...	R ...	Antitoxin.
21	C. P.	F	12	7	" 14 "	Apr. 1 "	77	" ...	R ...	No antitoxin.
22	E. G.	F	4	7	" 22 "	Feb. 22 "	31	Faucial and Nasal	R ...	Antitoxin.
23	J. W.	M	3	7	" 10 "	Apr. 19 "	99	" ...	R ...	No antitoxin.
24	G. N.	F	6	8	Mar. 26 "	May 15 "	50	" ...	R ...	"
25	E. P.	M	2	3	May 23 "	June 21 "	29	Nasal ...	R ...	"
26	G. C.	M	3	7	" 1 "	" 8 "	38	" ...	R ...	"
27	N. G.	F	1	3	" 12 "	" 6 "	25	" ...	R ...	"
28	E. D.	F	4	3	Apr. 14 "	" 9 "	56	" ...	R ...	"
29	W. T.	M	3	3	June 14 "	July 6 "	20	" ...	R ...	"
30	M. R.	F	8	3	" 1 "	June 23 "	22	" ...	R ...	"
31	M. A. L.	F	8	7	July 2 "	Aug. 13 "	41	" ...	R ...	"
32	C. B.	F	3	3	May 18 "	June 6 "	18	" ...	R ...	"
33	A. P.	F	4	6	June 22 "	July 20 "	28	" ...	R ...	Antitoxin.



GROVE HOSPITAL.—TABLE VII.—*Post-Scarlatinal Diphtheria during 1900.*

No.	Initials.	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of Attack.	Result.		Antitoxin or not.
1	E. E.	M	6	9 A	Oct. 26/99	Nov. 14/99	19	Faucial ... ..	R	...	Antitoxin.
2	T. B.	M	8	9 A	" 27 "	" 7 "	11	" ... ..	R	...	"
3	J. W.	F	8	10 A	" 29 "	Dec. 4 "	36	" ... ..	R	...	"
4	A. B.	F	8	10 A	" 30 "	" 15 "	47	" ... ..	R	...	"
5	J. L.	M	6	9 A	" 30 "	Nov. 20 "	21	" ... ..	R	...	"
6	V. M.	F	12	10 A	" 31 "	Dec. 13 "	43	" ... ..	R	...	"
7	B. H.	F	8	10 A	Nov. 1 "	Jan. 13/00	70	" ... ..	R	...	"
8	K. H.	F	3	10 B	" 29 "	Mar. 1/99	45	" ... ..	R	...	"
9	L. W.	M	4	9 A	Dec. 24 "	Jan. 3/00	66	" ... ..	...	D*	"
10	E. J.	F	3	10 B	Mar. 21/00	June 7 "	78	" ... ..	R	...	"
11	H. H.	M	6	10 B	May 1 "	May 6 "	5	" ... ..	R	...	"
12	N. G.	F	6	10 B	June 18 "	July 26 "	38	" ... ..	R	...	"
13	T. D.	M	2	11 B	Aug. 10 "	Sept. 13 "	34	Faucial & Laryngeal	R	...	"
14	A. T.	M	2	11 B	" 22 "	" 9 "	18	Faucial ... ..	R	...	No antitoxin.
15	F. K.	M	4	9 B	Oct. 24 "	Nov. 8 "	15	" ... ..	R	...	Antitoxin.

SOUTH-EASTERN HOSPITAL.—TABLE VIII.—*Post-Scarlatinal Diphtheria during 1900.*

No	Initials.	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of Attack.	Result.		Antitoxin or not.
1	D. D.	F	1½	18	Apr. 18/00	June 20/00	63	Faucial ... ..	R	...	Antitoxin.

PARK HOSPITAL.—TABLE IX.—*Post-Scarlatinal Diphtheria during 1900.*

No.	Initials.	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of Attack.	Result.		Antitoxin or not.
1	D. G.	F	9	G 1	Sept. 25/00	Oct. 14/00	19	Faucial ... ..	R	...	No antitoxin.
2	S. G.	M	5	C 1	" 23 "	" 18 "	23	" ... ..	R	...	"
3	E. D.	F	7¾	G 1	Oct. 4 "	" 26 "	20	" ... ..	R	...	Antitoxin.
4	E. M.	M	5	C 1	" 2 "	" 30 "	28	Faucial and Nasal	R	...	No antitoxin.
5	D. P.	F	13	G 1	Sept. 25 "	" 11 "	16	" ... ..	R	...	Antitoxin.
6	A. J.	F	6	G 1	July 13 "	Sept. 19 "	67	Faucial ... ..	R	...	"
7	W. A.	M	4	C 1	Sept. 6 "	" 25 "	19	" ... ..	R	...	No antitoxin.
8	R. H.	F	6	G 1	July 10 "	" 1 "	52	" ... ..	R	...	Antitoxin.
9	Z. D.	F	4	N	June 21 "	June 29 "	8	" ... ..	R	...	"
10	R. S.	M	1½	F 1	Aug. 8 "	Aug. 30 "	22	Faucial and Nasal	R	...	"
11	H. J.	F	4	G 1	Oct. 19 "	Oct. 24 "	5	Faucial ... ..	R	...	No antitoxin.
12	E. H.	F	1½	R 1	Nov. 25 "	Nov. 27 "	2	" ... ..	R	...	Antitoxin.
13	J. R.	F	9	Q 1	Uncertain	Aug. 13 "	—	Faucial and Nasal	R	...	No antitoxin.
14	T. D.	M	4	I 1	Aug. 12/00	" 15 "	3	" ... ..	R	...	"
15	S. S.	F	1½	H S	June 25 "	July 5 "	10	" ... ..	R	...	"
16	S. A.	F	8	G 1	Oct. 20 "	Nov. 13 "	24	Faucial ... ..	R	...	"
17	C. G.	M	8	D 1	Feb. 2 "	Feb. 25 "	23	Faucial and Nasal	R	...	"
18	M. R.	F	7	G	Jan. 17 "	" 15 "	29	" ... ..	R	...	Antitoxin.
19	R. R.	M	4	C 1	" 18 "	" 17 "	30	Faucial ... ..	R	...	"
20	R. C.	M	1½	E 1	Feb. 17 "	Apr. 9 "	51	Laryngeal and Nasal	...	D	"
21	M. J.	M	2	E 1	Jan. 8 "	Mar. 23 "	74	Faucial ... ..	R	...	"
22	F. S.	F	11	H 1	Dec. 11/99	Jan. 31 "	51	Faucial and Nasal	R	...	"
23	D. W.	F	4	H 1	Jan. 25/00	Mar. 22 "	28	Faucial ... ..	R	...	No antitoxin.
24	L. D.	M	3½	C	Mar. 3 "	" 26 "	23	" ... ..	R	...	Antitoxin.
25	A. J. M.	M	2	G 1	" 30 "	May 15 "	44	" ... ..	...	D	"
26	A. P.	F	1¾	G S	May 17 "	" 19 "	2	" ... ..	...	D	No antitoxin.
27	M. P.	M	6	C	Mar. 3 "	Mar. 29 "	26	Faucial and Nasal	R	...	"
28	M. W.	F	11	G 1	" 17 "	Apr. 16 "	30	Faucial ... ..	R	...	"
29	K. K.	F	7	G 1	" 18 "	May 14 "	65	" ... ..	R	...	"
30	D. H.	F	2	G 1	Apr. 6 "	" 18 "	43	" ... ..	R	...	Antitoxin.
31	D. A.	F	8	G	May 8 "	" 24 "	16	Faucial and Nasal	R	...	"
32	E. H.	F	5	G 1	" 21 "	June 16 "	25	Faucial ... ..	R	...	"
33	D. J.	F	7	G 1	" 15 "	May 24 "	9	" ... ..	R	...	No antitoxin.
34	L. D.	F	2½	G 1	" 12 "	June 5 "	24	Faucial and Nasal	R	...	Antitoxin.
35	J. C.	M	10	C 1	Dec. 17 "	Dec. 22 "	4	Faucial & Laryngeal	...	D	"

\* Died on 18th April from tubercular meningitis.

BROOK HOSPITAL.—TABLE X.—*Post-Scarlatinal Diphtheria during 1900.*

No.	Initials.	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of Attack.	Result.	Antitoxin or not.
1	E. R.	F	6	A 1	Nov. 2/99	Dec. 5/99	29	Faucial ...	R ...	Antitoxin.
2	L. M.	F	6	A 1	" 5 "	" 5 "	28	Nasal ...	R ...	"
3	D. F.	F	4 $\frac{1}{2}$	A 1	" 1 "	" 9 "	35	Faucial ...	R ...	"
4	A. S.	F	3	A 2	" 7 "	" 9 "	25	Faucial and Nasal...	R ...	"
5	M. E.	F	9	D 1	" 3 "	Jan. 2/00	60	Faucial ...	R ...	"
6	E. G.	F	13	A 2	Dec. 28 "	" 11 "	10	" ...	R ...	"
7	S. A.	F	9	D 1	Nov. 19 "	Feb. 2 "	71	" ...	R ...	"
8	C. C.	M	4	E 2	Jan. 18/00	" 4 "	15	Faucial and Nasal...	R ...	"
9	F. G.	F	4	A 1	Dec. 21/99	" 13 "	44	" "	R ...	"
10	L. S.	F	4	A 1	Jan. 13/00	" 23 "	39	Nasal ...	R ...	No antitoxin.
11	B. P.	F	9	D 1	" 10 "	Mar. 2 "	51	Faucial ...	R ...	Antitoxin.
12	M. S.	F	6	A 2	Feb. 11 "	Apr. 5 "	53	" ...	R ...	"
13	T. C.	M	5	F 2	Mar. 11 "	May 25 "	64	" ...	R ...	"
14	H. B.	M	6	E 1	May 11 "	" 25 "	11	Faucial, Nasal, and Laryngeal	... D	"
15	G. C.	M	10	E 1	Mar. 19 "	" 27 "	66	Faucial ...	R ...	"
16	A. C.	F	8	C 2	May 24 "	June 15 "	20	" ...	R ...	No antitoxin.
17	E. F.	F	3	C 2	" 23 "	" 18 "	24	" ...	R ...	Antitoxin.
18	A. H.	F	9	C 2	" 20 "	" 25 "	35	" ...	R ...	"
19	A. P.	F	7	C 2	July 10 "	Aug. 26 "	44	" ...	R ...	"
20	A. R.	F	2	C 1	Aug. 15 "	Sept. 26 "	39	Nasal ...	R ...	No antitoxin.
21	B. C.	F	12	C 1	June 24 "	Oct. 3 "	99	Faucial ...	R ...	Antitoxin.

NORTHERN HOSPITAL.—TABLE XI.—*Post-Scarlatinal Diphtheria during 1900.*

No.	Initials.	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of Attack.	Result.	Antitoxin or not.
1	G. A.	M	4	8	Sept. 16/99	Oct. 18/99	5	Faucial ...	R ...	Antitoxin.
2	W. R.	M	6	5	" 26 "	Nov. 5 "	26	" ...	R ...	"
3	A. G. W.	F	3	7	" 28 "	" 8 "	13	" ...	R ...	"
4	F. H.	F	3	6	" 27 "	" 10 "	10	" ...	R ...	"
5	S. R.	M	9	11	Oct. 1 "	" 11 "	5	" ...	R ...	"
6	W. A.	M	5	11	" 3 "	" 12 "	10	" ...	R ...	"
7	S. D.	M	15	9	" 15 "	" 13 "	3	" ...	R ...	"
8	O. M.	F	6	17	" 16 "	" 13 "	4	" ...	R ...	"
9	E. F.	F	7	8	Sept. 27 "	" 14 "	20	" ...	R ...	"
10	L. I.	F	5	7	" 20 "	" 15 "	21	" ...	R ...	"
11	W. S.	M	4	12	" 22 "	" 15 "	26	" ...	R ...	"
12	A. F.	F	18	8	Oct. 3 "	" 16 "	20	" ...	R ...	"
13	P. C.	M	8	18	Sept. 18 "	" 17 "	44	" ...	R ...	"
14	C. K.	M	6	8	Oct. 15 "	" 18 "	8	" ...	R ...	"
15	E. W.	F	11	6	" 2 "	" 18 "	29	" ...	R ...	"
16	H. S.	M	6	8	Sept. 24 "	" 22 "	28	" ...	R ...	"
17	N. B.	F	5	1	Oct. 6 "	" 23 "	5	" ...	R ...	"
18	R. L.	F	4	17	" 24 "	" 28 "	12	" ...	R ...	"
19	A. U.	F	13	5	" 21 "	" 26 "	6	" ...	R ...	"
20	L. U.	F	15	2	" 18 "	" 26 "	9	" ...	R ...	"
21	W. G.	M	13	11	" 20 "	" 27 "	18	" ...	R ...	"
22	L. H.	F	7	7	" 22 "	" 30 "	6	" ...	R ...	"
23	M. B.	F	3	17	" 10 "	Dec. 3 "	22	Laryngeal ...	R ...	"
24	T. J.	M	6	8	" 12 "	" 5 "	32	Faucial ...	R ...	"
25	D. W.	F	4	17	" 13 "	" 5 "	24	" ...	R ...	"
26	A. O.	M	15	9	Sept. 1 "	" 5 "	66	" ...	R ...	"
27	J. B.	M	15	9	Oct. 21 "	" 5 "	17	" ...	R ...	"
28	S. N.	M	7	18	" 29 "	" 5 "	5	" ...	R ...	"
29	G. K.	M	5	8	" 13 "	" 8 "	31	" ...	R ...	"
30	F. M. J.	F	7	12	" 27 "	" 10 "	19	" ...	R ...	"
31	A. H.	M	13	11	" 11 "	" 12 "	36	" ...	R ...	"
32	G. R.	M	8	11	" 14 "	" 12 "	24	" ...	R ...	"
33	T. P.	M	12	11	" 14 "	" 13 "	27	" ...	R ...	"
34	A. J.	M	4	8	Nov. 11 "	" 15 "	16	Laryngeal ...	R ...	"
35	W. K.	F	8	12	" 10 "	" 16 "	4	Faucial ...	R ...	"
36	A. E. S.	F	8	17	Sept. 10 "	" 20 "	81	" ...	R ...	"
37	E. A.	F	13	12	Nov. 1 "	" 20 "	6	" ...	R ...	"
38	J. G.	M	9	25	" 2 "	" 21 "	9	" ...	R ...	"
39	S. R.	M	11	11	" 3 "	" 21 "	28	" ...	R ...	"
40	L. C.	F	27	12	" 16 "	" 23 "	7	" ...	R ...	"
41	V. L.	F	11	2	" 1 "	" 25 "	40	" ...	R ...	"
42	C. G.	M	6	17	Oct. 6 "	" 27 "	54	" ...	R ...	"
43	W. A.	M	13	11	" 29 "	" 27 "	39	" ...	R ...	"
44	C. S.	M	6	12	Nov. 21 "	" 30 "	18	" ...	R ...	"
45	A. E.	M	10	11	" 7 "	Jan. 3/00	22	" ...	R ...	"



NORTHERN HOSPITAL.—TABLE XI.—*Post-Scarlatinal Diphtheria*  
during 1900—continued.

No.	Initials.	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of Attack.	Result.	Antitoxin or not.
46	J. C.	F	8	17	Nov. 19/99	Jan. 11/00	7	Faucial	R	Antitoxin.
47	F. W. B.	M	6	12	Oct. 26 "	" 13 "	60	"	R	"
48	E. W.	F	3	8	Nov. 13 "	" 17 "	36	"	R	"
49	F. E. D.	M	9	10	" 7 "	" 17 "	43	"	R	"
50	M. G.	F	4	6	Oct. 18 "	" 9 "	9	"	R	"
51	A. G.	M	4	6	Nov. 16 "	" 22 "	9	"	R	"
52	J. D.	M	4	7	Oct. 19 "	" 24 "	79	"	R	"
53	G. A.	F	5	12	Jan. 1/00	" 29 "	3	"	R	"
54	E. L.	F	6	8	Dec. 14/99	" 31 "	11	"	R	"
55	F. S.	M	4	8	Nov. 23 "	" 31 "	12	"	R	"
56	N. H.	F	4	17	Dec. 22 "	Feb. 3 "	24	"	R	"
57	N. B.	F	3	7	Oct. 17 "	" 7 "	72	"	R	"
58	V. G.	F	8	6	Nov. 25 "	" 11 "	29	"	R	"
59	E. L.	M	8	18	Jan. 10/00	" 13 "	4	"	R	"
60	H. T.	M	9	25	" 16 "	" 15 "	8	"	R	"
61	P. H.	M	11	11	Dec. 14/99	" 17 "	49	"	R	"
62	A. R.	F	13	12	Jan. 9/00	" 17 "	8	"	R	"
63	C. R.	F	15	12	Dec. 17/99	" 21 "	26	"	R	"
64	C. T.	F	4	7	Nov. 18 "	" 24 "	65	"	R	"
65	W. W.	M	10	11	Jan. 27/00	Mar. 3 "	5	"	R	"
66	F. E.	F	8	7	Dec. 3/99	" 9 "	58	"	R	"
67	P. H.	M	4	6	Feb. 9/00	" 25 "	20	"	R	"
68	F. H.	F	10	12	" 7 "	" 29 "	13	"	R	"
69	M. S.	F	7	7	Jan. 28 "	" 30 "	30	"	R	"
70	G. B.	F	7	7	Feb. 2 "	" 30 "	14	"	R	"
71	E. B.	F	6	6	Jan. 10 "	Apr. 3 "	12	"	R	"
72	A. D.	F	6	12	Feb. 8 "	" 12 "	9	"	R	"
73	L. A.	F	5	12	" 7 "	" 13 "	28	"	R	"
74	A. F.	F	7	12	Mar. 7 "	" 23 "	20	"	R	"
75	M. W.	F	5	12	" 7 "	" 24 "	0	"	R	"
76	E. P.	F	8	8	" 10 "	May 3 "	4	"	R	"
77	J. M.	F	9	7	" 29 "	" 9 "	5	"	R	"
78	E. D.	F	11	17	Jan. 25 "	" 10 "	17	"	R	"
79	J. M.	F	5	1	Mar. 29 "	" 13 "	4	"	R	"
80	G. W.	M	10	10	May 13 "	July 19 "	5	"	R	"
81	E. L.	F	6	5	" 19 "	" 26 "	29	"	R	"
82	A. G.	M	14	10	July 4 "	Aug. 12 "	39	"	R	"
83	A. R.	F	20	5	June 22 "	" 14 "	25	"	R	"
84	R. A.	F	6	5	Jan. 18 "	" 16 "	20	"	R	"
85	L. H.	M	5	7	Sept. 3 "	Oct. 11 "	6	"	R	"
86	A. G.	M	4	5	" 8 "	" 19 "	3	Nasal	R	"
87	G. E.	M	4	5	" 22 "	" 19 "	7	"	R	"
88	A. P.	M	5	2	" 18 "	" 20 "	33	"	R	"
89	A. R.	F	4	4	Oct. 5 "	" 21 "	1	"	R	"
90	S. M.	F	4	3	Sept. 19 "	" 24 "	15	"	R	"
91	L. G.	F	7	4	" 7 "	" 25 "	1	"	R	"
92	K. H.	F	7	2	Oct. 7 "	" 25 "	1	"	R	"
93	F. C.	F	15	4	Sept. 5 "	" 26 "	0	"	R	"
94	L. S.	F	7	Isoln.	" 28 "	" 26 "	0	"	R	"
95	M. L.	F	9	Isoln.	" 5 "	" 26 "	0	"	R	"
96	P. O.	M	4	1	" 19 "	" 31 "	7	"	R	"
97	W. H.	M	4	1	Oct. 5 "	" 31 "	6	Aural	R	"
98	V. A.	F	6½	8	Aug. 10 "	Nov. 1 "	31	Faucial	R	"
99	W. M.	M	3	3	Oct. 2 "	" 3 "	0	Nasal	R	"
100	W. G.	M	9	18	" 10 "	" 9 "	5	"	R	"
101	L. S.	M	4	3	" 23 "	" 15 "	2	"	R	"
102	A. R.	M	5½	5	" 15 "	" 19 "	0	Faucial	R	"
103	C. R.	M	6	5	" 18 "	" 20 "	0	Nasal	R	"
104	H. J. E.	M	5	5	" 23 "	" 20 "	0	"	R	"
105	H. B.	M	3	5	" 12 "	" 20 "	0	"	R	"
106	E. J.	F	9	5	" 10 "	" 20 "	1	"	R	"
107	R. H.	F	4	17	" 6 "	" 21 "	21	"	R	"
108	A. W.	F	3½	3	Sept. 19 "	" 21 "	15	"	R	"
109	W. W.	M	3	2	Oct. 1 "	" 24 "	18	"	R	"
110	E. S.	F	10	2	" 12 "	" 26 "	27	Faucial and Nasal	R	"
111	H. P.	M	5	5	" 28 "	" 29 "	0	Nasal	R	"
112	W. A.	M	4	5	Sept. 30 "	Dec. 4 "	15	"	R	"
113	R. J.	F	4½	5	" 24 "	" 6 "	7	"	R	"

GORE FARM HOSPITAL.—TABLE XII.—*Post-Scarlatinal Diphtheria*  
during 1900.

No.	Initials.	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of Attack.	Result.	Antitoxin or not.
1	E. M.	M	10	L	July 13/99	Sept. 20/99	65	Faucial ... ..	R ...	Antitoxin.
2	E. R.	F	4	F	Sept. 3 "	Oct. 22 "	48	" ... ..	R R ...	"
3	G. S.	M	7	L	" 20 "	" 23 "	27	" ... ..	R R ...	"
4	H. C.	M	6	B	Aug. 25 "	" 31 "	26	Faucial and Nasal...	R R ...	"
5	E. B.	F	4	E	Sept. 18 "	Nov. 8 "	50	Faucial ... ..	R R ...	"
6	J. W.	F	6	E	" 16 "	" 11 "	54	" ... ..	R R ...	"
7	S. H.	M	5	E	Oct. 8 "	" 11 "	32	" ... ..	R R ...	"
8	J. G.	M	8	K	Sept. 30 "	" 17 "	45	" ... ..	R R ...	"
9	A. F.	M	10	L	" 6 "	" 19 "	41	" ... ..	R R ...	"
10	K. B.	F	4	B	" 26 "	" 21 "	54	" ... ..	R R ...	"
11	J. K.	F	3	E	" 28 "	" 24 "	57	" ... ..	R R ...	"
12	A. S.	F	6	P	" 20 "	" 30 "	70	" ... ..	R R ...	"
13	E. B.	F	3	B	Oct. 2 "	Dec. 1 "	59	Faucial & Laryngeal	R R ...	"
14	G. P.	F	5	B	Sept. 30 "	" 3 "	62	Faucial ... ..	R R ...	"
15	A. G.	M	9	J	Oct. 16 "	" 3 "	43	" ... ..	R R ...	"
16	E. S.	M	4	K	" 3 "	" 4 "	31	Faucial & Laryngeal	R R ...	"
17	E. R.	F	7	F	" 3 "	" 8 "	65	Faucial ... ..	R R ...	"
18	H. C.	M	3	F	" 17 "	" 8 "	50	" ... ..	R R ...	"
19	E. J.	F	11	P	" 1 "	" 9 "	67	" ... ..	R R ...	"
20	A. C.	F	12	E	" 9 "	" 19 "	37	" ... ..	R R ...	"
21	A. H.	M	4	L	" 30 "	" 20 "	49	Faucial and Nasal...	R R ...	No antitoxin.
22	S. T.	M	8	J	" 16 "	" 25 "	67	Faucial ... ..	R R ...	Antitoxin.
23	E. D.	F	4	N	" 21 "	" 26 "	66	" ... ..	R R ...	"
24	E. C.	F	9	B	Nov. 21 "	" 29 "	36	Faucial and Nasal...	R R ...	"
25	W. H.	M	12	L	Oct. 21 "	" 31 "	31	Faucial ... ..	R R ...	"
26	E. J.	F	4	N	Sept. 21 "	Jan. 6/00	106	" ... ..	R R ...	"
27	W. D.	F	4	B	Oct. 30 "	" 10 "	71	Faucial, Nasal, and Laryngeal	R ...	"
28	E. P.	F	10	N	Nov. 7 "	" 11 "	65	Faucial ... ..	R R ...	"
29	D. M.	F	4	E	Oct. 29 "	" 13 "	75	" ... ..	R R ...	"
30	E. M.	F	7	D	Dec. 2 "	" 14 "	41	" ... ..	R R ...	"
31	J. H.	F	10	C	Nov. 13 "	" 16 "	62	" ... ..	R R ...	"
32	Z. C.	F	11	N	Sept. 29 "	" 16 "	106	" ... ..	R R ...	"
33	E. J.	F	7	C	Nov. 4 "	" 18 "	73	" ... ..	R R ...	"
34	D. E.	F	6	N	" 1 "	" 19 "	78	" ... ..	R R ...	"
35	R. C.	F	6	N	" 7 "	" 22 "	76	" ... ..	R R ...	"
36	J. S.	F	13	L	Oct. 19 "	" 22 "	94	" ... ..	R R ...	"
37	E. F.	F	17	C	Nov. 11 "	" 22 "	69	" ... ..	R R ...	"
38	A. C.	M	6	I	" 20 "	" 24 "	63	" ... ..	R R ...	"
39	C. S.	M	5	F	" 11 "	" 24 "	71	" ... ..	R R ...	"
40	F. D.	M	3	F	" 13 "	" 30 "	77	" ... ..	R R ...	"
41	M. T.	F	6	N	" 17 "	" 31 "	72	" ... ..	R R ...	"
42	G. S.	M	6	F	" 10 "	Feb. 3 "	81	" ... ..	R R ...	"
43	E. D.	F	9	E	Dec. 6 "	" 4 "	58	" ... ..	R R ...	"
44	E. A.	M	15	K	Jan. 1/00	" 4 "	27	" ... ..	R R ...	"
45	D. K.	F	8	E	Dec. 19/99	" 6 "	48	" ... ..	R R ...	"
46	S. P.	M	6	L	Jan. 9/00	" 6 "	28	" ... ..	R R ...	"
47	E. H.	F	6	B	Dec. 16/99	" 9 "	51	" ... ..	R R ...	"
48	E. R.	F	22	C	Jan. 5/00	" 10 "	35	" ... ..	R R ...	"
49	P. W.	M	9	4	Dec. 24/99	" 16 "	52	" ... ..	R R ...	"
50	E. M.	F	3	F	Jan. 22/00	Mar. 3 "	37	" ... ..	R R ...	"
51	J. H.	F	4	F	Feb. 11 "	" 10 "	27	" ... ..	R R ...	"
52	G. W.	M	4	K	" 14 "	" 22 "	34	Faucial and Nasal...	R R ...	"
53	D. F.	M	10	K	Dec. 30/99	" 24 "	82	Faucial ... ..	R R ...	"
54	G. C.	M	11	K	Feb. 23/00	Apr. 1 "	34	" ... ..	R R ...	"
55	D. G.	F	6	C	Dec. 15/99	" 4 "	109	" ... ..	R R ...	"
56	E. S.	M	8	L	Feb. 19/00	" 19 "	57	" ... ..	R R ...	"
57	H. B.	M	13	H	Mar. 4 "	May 1 "	57	" ... ..	R R ...	"
58	E. B.	M	11	H	Jan. 17 "	" 2 "	106	" ... ..	R R ...	"
59	H. H.	M	14	H	Mar. 12 "	" 3 "	52	" ... ..	R R ...	"
60	W. S.	M	4	B	Feb. 21 "	" 8 "	74	" ... ..	R R ...	"
61	J. H.	M	6	L	Mar. 23 "	" 11 "	49	" ... ..	R R ...	"
62	S. M.	M	3	L	Feb. 1 "	" 21 "	107	" ... ..	R R ...	"
63	S. S.	M	7	K	Mar. 28 "	" 23 "	55	" ... ..	R R ...	"
64	H. B.	M	14	H	Apr. 18 "	" 26 "	33	" ... ..	R R ...	"
65	W. F.	M	7	L	" 15 "	" 26 "	38	" ... ..	R R ...	"
66	W. W.	M	6	F	" 10 "	" 26 "	45	" ... ..	R R ...	"
67	W. R.	F	2	C	Feb. 28 "	" 29 "	87	Faucial, Nasal, and Laryngeal	R ...	"
68	E. P.	F	6	C	Apr. 16 "	June 5 "	48	Faucial and Nasal...	R ...	"
69	N. S.	F	6	C	Mar. 31 "	" 8 "	70	" ... ..	R R ...	"
70	J. N.	M	8	L	Feb. 20 "	" 9 "	88	Faucial ... ..	R R ...	"
71	C. E.	M	6	L	Apr. 6 "	" 9 "	64	" ... ..	R R ...	"
72	S. C.	M	9	I	May 7 "	" 11 "	33	" ... ..	R R ...	"
73	L. E.	F	7	M	Mar. 24 "	" 13 "	77	" ... ..	R R ...	"
74	E. L.	F	5	F	May 17 "	" 28 "	41	" ... ..	R R ...	"
75	E. T.	F	5	C	Apr. 30 "	" 29 "	58	" ... ..	R R ...	"
76	F. W.	F	10	F	May 6 "	" 30 "	55	" ... ..	R ...	"



GORE FARM HOSPITAL.—TABLE XII.—*Post-Scarlatinal Diphtheria*  
*during 1900—continued.*

No.	Initials.	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of Attack. *	Result.		Antitoxin or not.
77	E. E.	M	3	L	Apr. 28/00	July 3/00	62	Faucial ... ..	R	...	Antitoxin.
78	A. K.	F	8	C	„ 25 „	„ 4 „	68	„ ... ..	R	...	„
79	N. E.	F	9	B	May 4 „	„ 7 „	50	„ ... ..	R	...	„
80	H. S.	M	5	C	Apr. 19 „	„ 9 „	77	„ ... ..	R	...	„
81	A. C.	M	9	K	May 9 „	Aug. 2 „	94	„ ... ..	R	...	„
82	L. H.	F	4	C	June 26 „	„ 7 „	42	„ ... ..	R	...	„
83	G. K.	F	6	B	„ 25 „	„ 27 „	63	„ ... ..	R	...	„
84	S. L.	M	1	B	Aug. 2 „	Sept. 18 „	45	Faucial & Laryngeal	R	...	„
85	F. W.	M	26	H	Oct. 7 „	Nov. 16 „	35	Faucial ... ..	R	...	„

TABLE XIII.—Sex-distribution and Mortality.

	Eastern.		North-Eastern.		North-Western.		Western.		South-Western.		Fountain.		Grove.		South-Eastern.		Park.		Brook.		Northern.		Gore Farm.		Total.		Mortality per cent.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
Faucial and Nasal Cases.	Males ...	1	1	0	8	1	7	0	14	0	22	0	7	1	0	0	11	1	4	0	51	0	40	0	183	4	2.18
	Females ...	3	0	1	3	0	5	0	11	1	10	1	7	0	1	0	22	1	16	0	59	0	40	0	195	4	2.05
	Total ...	4	1	1	11	1	12	0	25	1	32	1	14	1	1	0	33	2	20	0	110	0	80	0	378	8	2.11
	Mortality per cent.																										
Laryngeal Cases.	Males ..	0	0	0	0	0	1	0	3	1	0	0	1	0	0	0	2	2	1	1	2	0	2	0	15	4	26.6
	Females ...	0	0	0	0	0	1	0	2	0	1	0	0	0	0	0	0	0	0	0	1	0	3	0	12	0	0
	Total ...	0	0	0	0	0	2	0	5	1	1	0	1	0	0	0	2	2	1	1	3	0	5	0	27	4	14.81
	Mortality per cent.																										
All Cases	Males ...	1	1	0	8	1	8	0	17	1	22	0	8	1	0	0	13	3	5	1	53	0	42	0	198	8	4.04
	Females ...	3	0	1	3	0	6	0	13	1	11	1	7	0	1	0	22	1	16	0	60	0	43	0	207	4	1.93
	Total ...	4	1	1	11	1	14	0	30	2	33	1	15	1	1	0	35	4	21	1	113	0	85	0	405	12	2.96
	Mortality per cent.	25.0	2.32	9.9	0	6.66	3.03	6.66	0	11.42	4.76	0											0		2.96		



TABLE XIV.—Age-distribution and Mortality.

	Eastern.		North-Eastern.		North-Western.		Western.		South-Western.		Fountain.		Grove.		South-Eastern.		Park.		Brook.		Northern.		Gore Farm.		Total.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Faucial and Nasal Cases.	Under 1...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1-2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2-3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	3-4	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	4-5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	5-10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	10-15	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	15-20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Over 20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	4	1	36	1	11	1	12	0	25	1	32	1	14	1	1	0	33	2	20	0	110	0	80	0	378	8
Laryngeal Cases.	Under 1...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1-2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2-3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	3-4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	4-5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	5-10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	10-15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Over 20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	7	0	0	0	2	0	5	1	1	0	1	0	0	0	2	1	1	0	3	0	5	0	27	4
All Cases.	Under 1...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1-2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2-3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	3-4	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	4-5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	5-10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	10-15	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Over 20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	4	1	43	1	11	1	14	0	30	2	33	1	15	1	1	0	35	4	21	1	113	0	85	0	405	12

TABLE XV.—Time of Onset after Commencement of Scarlet Fever.

		Eastern.		North-Eastern.		North-Western.		Western.		South-Western.		Fountain.		Grove.		South-Eastern.		Park.		Brook.		Northern.		Gore Farm.		Total.	
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Faucial and Nasal Cases.		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1st week	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2nd "	...	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
3rd "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6th "	...	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8th "	...	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10th "	...	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
and over	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total ...	...	4	1	36	1	11	1	12	0	25	1	32	1	14	1	1	0	33	2	20	0	110	0	80	0	378	8
Laryngeal Cases.		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1st week	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2nd "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3rd "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20th "	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
and over	...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total ...	...	0	0	1	0	0	0	2	0	5	1	1	0	1	0	0	0	3	2	1	1	0	0	5	0	27	4



TABLE XV.—Time of Onset after Commencement of Scarlet Fever—continued.

	Eastern.		North-Eastern.		North-Western.		Western.		South-Western.		Fountain.		Grove.		South-Eastern.		Park.		Brook.		Northern.		Gore Farm.		Total.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1st week ..	0	0	0	0	0	0	1	0	1	0	0	0	1	0	0	0	5	2	0	0	0	0	0	0	8	2
2nd " ..	1	1	3	1	0	0	2	0	1	0	0	0	1	0	0	0	3	0	2	1	0	0	0	0	13	3
3rd " ..	0	0	6	0	0	0	2	0	1	1	2	0	4	0	0	0	4	0	2	0	2	0	0	0	23	1
4th " ..	0	0	2	0	4	1	1	0	5	1	6	0	0	0	0	0	9	0	1	0	7	0	4	0	39	2
5th " ..	0	0	6	0	1	0	1	0	5	0	6	1	1	0	0	0	5	0	4	0	16	0	8	0	53	1
6th " ..	1	0	4	0	4	0	2	0	4	0	4	0	2	0	0	0	0	0	4	0	21	0	9	0	55	0
7th " ..	0	0	5	0	0	0	0	0	0	0	3	0	3	0	0	0	2	1	3	0	19	0	8	0	43	1
8th " ..	1	0	0	0	1	0	0	0	3	0	8	0	0	0	0	0	3	1	0	0	21	0	12	0	49	1
9th " ..	0	0	4	0	1	0	0	0	3	0	1	0	0	0	0	0	0	0	2	0	9	0	9	0	29	0
10th " ..	1	0	2	0	0	0	1	0	3	0	1	0	2	1	1	0	2	0	1	0	6	0	10	0	30	1
11th " ..	0	0	4	0	0	0	1	0	3	0	1	0	0	0	0	0	1	0	0	0	3	0	10	0	23	0
12th " ..	0	0	1	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	1	0	3	0	6	0	14	0
13th " ..	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	4	0
14th " ..	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	4	0	2	0	11	0
15th " ..	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
16th " ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	5	0	6	0
17th " ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
18th " ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19th " ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20th " ..	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	0
Total ...	4	1	43	1	11	1	14	0	30	2	33	1	15	1	1	0	35	4	21	1	113	0	85	0	405	12

All Cases.

TABLE XVI.—Seasonal Incidence.

[illegible]



# SUMMARY OF THE ANTITOXIN TREATMENT OF DIPHTHERIA DURING 1900.

The three following tables have been compiled on the same rules as in preceding years.

They show the number of cases and the mortality of all cases of diphtheria completed during 1900, also the number of cases and mortality of laryngeal and tracheotomy cases; and in each table are given similar particulars for those cases only which were treated with antitoxin.

In all cases deaths are included even if due to some intercurrent disease.

TABLE I.—*All forms of Diphtheria.*

HOSPITAL.	Cases treated with Antitoxin.			All Cases; both those treated with Antitoxin and those not.		
	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
Eastern... ..	1,391	193	13·80	1,406	200	14·20
North-Western... ..	511	92	18·04	794	114	14·30
Western... ..	910	100	10·98	910	100	10·98
South-Western... ..	527	69	13·09	624	69	11·05
Fountain... ..	644	51	7·90	710	53	7·40
Grove... ..	574	50	8·70	589	50	8·51
South-Eastern... ..	844	134	15·87	1,017	147	14·45
Park... ..	1,009	159	15·70	1,240	163	13·10
Brook... ..	861	88	10·20	935	91	9·70
Total... ..	7,271	936	12·88	8,225	987	12·01

TABLE II.—*Laryngeal Cases.*

HOSPITAL.	Cases treated with Antitoxin.			All Cases; both those treated with Antitoxin and those not.		
	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
Eastern... ..	183	37	20·20	186	40	21·50
North-Western... ..	52	13	25·00	57	16	28·70
Western... ..	70	18	25·70	70	18	25·70
South-Western... ..	54	14	29·92	54	14	25·92
Fountain... ..	32	7	21·80	34	9	26·40
Grove... ..	51	8	15·68	51	8	15·68
South-Eastern... ..	194	48	24·74	203	53	26·108
Park... ..	64	23	35·90	66	23	34·60
Brook... ..	77	14	18·10	78	15	19·20
Total... ..	777	182	23·20	799	196	24·57

TABLE III.—*Tracheotomy Cases.*

HOSPITAL.	Cases treated with Antitoxin.			All Cases; both those treated with Antitoxin and those not.		
	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
Eastern ... ..	78	31	39·70	80	33	41·20
North-Western ...	36	12	33·30	38	13	34·20
Western ... ..	33	11	33·30	33	11	33·30
South-Western ...	25	7	28·00	25	7	28·00
Fountain ... ..	19	4	21·00	21	6	28·50
Grove ... ..	23	7	30·43	23	7	30·43
South-Eastern ...	77	27	36·00	82	34	41·40
Park ... ..	44	19	43·10	45	20	44·40
Brook ... ..	42	12	28·50	43	13	30·20
Total ... ..	377	127	33·65	390	139	34·30

NOTE ON ANTISEPTIC LOTIONS.

(By H. W. L. BARLOW, M.B., Assistant Medical Officer, Park Hospital.)

Six ordinary mouth washes were examined with respect to their action on some micro-organisms.

- A. *Chlorinated Soda Lotion*.—Lot. Sod. Chlorinat. B.P., 1 part in 15 of water. Approximate cost,  $\frac{1}{2}$ d. per 100 fluid ounces. Strongly alkaline, forming alkali albumen with proteids. Contained ·18% available chlorine.
- B. *Chlorine Lotion*.—Pot. Chlor.  $\text{℥}$  iss., Ac. Hydroch.  $\text{℥}$  vi., in 110 ounces water. Cost,  $\frac{3}{4}$ d. Acid, contained ·037 % chlorine.
- C. *Boracic Acid Lotion*.—Cost, 1d. Acid.
- D. *Alkaline Boracic Acid Lotion*.—Sod. Bicarb.  $\text{℥}$  ii., Ac. Boric.  $\text{℥}$  ii., Ess. Eucalypt.  $\text{℥}$  i., in 100 ounces. Cost, 1d. Alkaline.
- E. *Sanitas Lotion*.—Sanitas,  $\text{℥}$  iiss., Sod. Bicarb.  $\text{℥}$  ii., in 100 ounces water. Cost, 1d. Alkaline.
- F. *Hydrogen Peroxide Lotion*.—Sol. Hyd. Perox., O. i., Ess. Eucalypt.  $\text{℥}$  v., Tr. Lavand. Co.,  $\text{℥}$  v., in 100 ounces. Cost, 6d.

*Method*.—In the graduated tube of a centrifugal machine, the solutions given above were diluted nearly one-half either by water or by varying strengths of ascitic fluid (s.g. 1011, alb. ·8 %) or bouillon. A “suspension” in sterile water of serum cultures obtained from diphtheritic throats was poured on to this so as to make the dilution exactly one-half, and after a fixed time the organisms were separated by the centrifuge and cultivated without washing on serum. They were



stained by Neisser's method and by Carbol Fuchsin, control cultures being also examined.

*Suspension I.*—A mixed culture obtained from a diphtheritic throat showing streptococci, staphylococci, a yeast, and diphtheria bacilli.

O = No growth.      Sc. = Scanty.      + = Moderate.      + + = Vigorous growth.

		One minute's action.	Two minutes' action.	Three minutes' action.
Equal parts water and lotion.	A	Sc. = Sta. Str. Y. D.	Sc. = Sta. Str. Y. D.	O
	B	O	Sc. = Sta.	O
	C	+ + = Sta. Y. D.	+ + = Sta. Str. Y. D.	+ + = Sta. Y. D.
	D	+ + = Sta. Str. Y. D.	+ + = Sta. Y. D.	+ = Sta. Str. Y. D.
	E	+ + = Sta. Str. Y.	+ + = Sta. Y. D.	+ = Sta. Y.
	F	+ + = Sta. Y. D.	+ = Sta. Y. D.	+ = Sta. Y.

*Suspension I.*—Another culture showing *staphylococcus pyogenes aureus* and diphtheria bacilli.

		One minute's action.	Three minutes' action.	Five minutes' action.
Equal parts water and lotion.	A	.....	.....	O
	B	Sc. = Sta.	.....	O
	C	+ = Sta. D.	.....	+ = Sta. D.
	D	+ = Sta. D.	.....	+ = Sta. D.
	E	+ + = Sta. D.	.....	+ = Sta. D.
	F	+ = Sta. D.	.....	+ = Sta. D.
25 % ascitic fluid.	A	O	O	.....
	B	Sc. = Sta.	Sc. = Sta.	1 colony = Sta.
	C	+ = Sta. D.	+ + = Sta. D.	+ = Sta. D.
	D	+ = Sta. D.	+ = Sta. D.	.....
	E	+ = Sta. D.	+ = Sta. D.	.....
	F	+ + = Sta. D.	+ = Sta. D.	+ = Sta. D.
25 % bouillon.	A	+ + = Sta. D.	.....	O
	B	+ = Sta.	.....	O
	C	+ + = Sta. D.	.....	+ = Sta. D.
	D	+ + = Sta. D.	.....	+ = Sta. D.
	E	+ + = Sta. D.	.....	+ = Sta. D.
	F	+ = Sta. D.	.....	+ = Sta.
50 % ascitic fluid.	A	+ + = Sta. D.	.....	.....
	B	+ + = Sta. D.	.....	.....

Other experiments produced similar results. For example, it was found that the growth of typhoid bacilli in proteid solutions, *e.g.*, ascitic fluid, bouillon, &c., was not much hindered by the addition of small quantities of the lotions in question.

*Conclusions.*—1. The beneficial action of some of the antiseptic lotions examined is largely mechanical, to a less extent chemical, and to a comparatively small degree germicidal. Used in the strengths and for the length of time actually

employed in the wards, some of them appear to be little superior as bactericidal agents to plain water.

2. The chlorine lotions are the best and also the cheapest of those examined, but their germicidal power is considerably impaired by admixture in sufficient amount of albuminous bodies with which they can chemically combine, such as must always be present in the nose and mouth. They are also, of course, more irritating than the others.

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## TWO CASES OF PERICHONDritis LARYNGIS SECONDARY TO ENTERIC FEVER.

(By A. KNYVETI GORDON, M.B., B.C., B.A. Cantab., Senior Assistant Medical Officer at the Park Hospital.)

In the last year, two cases of abscess of the larynx have occurred in the enteric fever wards at the Park Hospital, and in each of them an autopsy was obtained.

*Case 1.*—A boy, aged 13, was admitted on May 31st, with a severe attack of enteric fever. He had been ill at home for 12 days, during which time he had not had any nursing except what his mother was able to give him in the intervals of her work, no particular attention having been paid to the cleansing of his mouth. When first seen his mouth was in a very dirty condition, the teeth and gums being covered with layers of dried and extremely fœtid mucous; the tongue was dry and cracked, and all over the fauces were particles of food *débris*. There were some carious teeth. His voice, though husky at first, became normal when the mouth had been cleaned, and his general condition, which need not here be further described, was that of a severe case of enteric fever.

On June 7th, the 19th day of disease, the cough was noted as being hoarse, and the next day the voice was hoarse also. On the 26th day there was a sudden attack of dyspnœa. The patient sat up in bed, and the lips became blue. The respiration was shallow and gasping, but there was no laryngeal obstruction whatever. As the right heart was dilated to half an inch outside the right sternal margin, venesection was performed, with marked relief, the distress subsiding almost immediately. From this until his death on the following day there were three similar though less severe attacks, which were relieved by the application of a hot towel to the cardiac area, but there was not at any time the slightest evidence of any obstruction in the larynx. He died of heart failure and bronchitis on the 27th day of a severe attack of enteric fever.

On slitting up the larynx from behind, a cavity was found on the left side, which held about one drachm of pus and broken-down *débris*. It extended from the anterior to the posterior middle line, and thus occupied almost the entire half of the larynx, but the right side was normal. Its upper limit was the lower edge of the left vocal cord, and it extended downwards to the bottom of the cricoid cartilage. The arytenoid cartilage had disappeared, and the cricoid cartilage was lying, almost as a sequestrum, in the cavity of the abscess. A small hole



was found on the inner aspect of the swelling from which pus was exuding, the cavity being only about one-third full at the time of the autopsy.

It seemed to have started as a perichondritis at the crico-arytenoid joint and to have gone on to complete disorganisation of the arytenoid and necrosis of the cricoid. The leakage through the aperture on the inner surface had prevented the swelling causing any great amount of laryngeal obstruction.

*Case 2.*—A boy, aged 15, was admitted on September 20th with an attack of well-marked enteric fever. The mouth was dry and the gums sore, and covered with scabs of dried blood and muco-pus; the tongue was dry and cracked, and there was one carious molar tooth, from the cavity of which pus was exuding; this was extracted, and a small peridental abscess was thus opened, which, however, healed up in a few days.

He had a severe attack of enteric fever, with hæmorrhages from the bowel on the 13th to the 15th day of disease. On the 27th day he was noticed to be slightly hoarse, and on the morning of the 28th day his respiration was distinctly stridulous. The stridor increased, and by mid-day he was suffering from severe laryngeal obstruction; the lips were blue, and there was much dyspnœa, though, as was to be expected from the age of the patient, there was little or no intercostal or epigastric recession. A high tracheotomy was then performed, after injection of eucaine subcutaneously, no general anæsthetic being required, with complete relief of the distress. A No. 5 Parker's tube was inserted. The next day a view of the larynx was obtained, and a large swelling was found occupying the entire right half of the larynx, and extending partially over to the left side behind, so that all that could be seen of the vocal cords was the anterior two-thirds of the left one. The swelling was bright red in colour, and was causing almost complete glottic obstruction. As seen from day to day, the tumour gradually decreased in size, but there was no sudden discharge of pus, though the buccal secretion was mucopurulent throughout. Seventeen days after the tracheotomy, he was able to breathe without the tube for a short time, and from thence to his death, on the 26th day after tracheotomy, and the 54th of the disease, the metal tube was not used, though he required a rubber tube for short periods after attacks of coughing. The voice did not return at all. His death occurred after laparotomy and suture of the intestine for a perforation arising on the 12th day of a relapse of enteric. This part of the case was reported more fully in the *Lancet* of February 2nd, 1901.

*Post-mortem.*—On slitting up the larynx from behind, a cavity was opened, which was almost empty, containing only a little *débris* of laryngeal tissue. It extended right across the posterior part of the larynx, reaching on the left side anteriorly to half-way down the vocal cord, but below it throughout. On the right side it had burrowed above the glottis, opening on the superior aspect of the larynx at the anterior attachment of the right vocal cord. Below, it reached to the lower edge of the cricoid on each side, but it was on the outside of it throughout, and the cartilage itself was not loosened. The left arytenoid was present, but the right was represented by only a few fragments of *débris*. The tracheotomy wound reached from the lower edge of the cricoid through the first two rings in the middle line of the trachea, which was normal below the wound.

These two cases are interesting from the difference in the clinical symptoms produced by almost identical lesions. In the first case, the result of the perichon-



dritis was a series of attacks of dyspnoea, which was, I take it, a reflex act from irritation of the superior laryngeal nerve. I do not think there was any actual obstruction in this case. In the second, the abscess did not burst until it had caused much laryngeal obstruction, and the rapidity of development of the symptoms is remarkable. From the onset of the stridor to the tracheotomy was only some ten hours.

Perichondritis laryngis is a rare complication, but it appears to be a very frequent sequel of any ulceration of the larynx occurring in the acute stage of enteric fever. Keen has collected from his own and Lüning's observations 221 cases of disease of the larynx in enteric fever. Of these 197 resulted in acute laryngeal obstruction. As oedema of the larynx is described as a very rare affection, it is probable that the majority of the cases were due to abscess. In 75 of these there was necrosis of a cartilage, and of these, again, 71 died. Horton-Smith has collected 165 cases of autopsies on cases of enteric at St. Bartholomew's Hospital in which the larynx was examined, and in these ulceration was found in 42 and perichondritis in 6. In the Munich series of 2,000 autopsies on cases of enteric, ulceration of some part of the larynx was found in 107.

The most remarkable point in the pathology of the laryngitis of enteric fever is, to my mind, that Eberth's bacillus is not found in the larynx, but cocci of various kinds and numerous bacilli not allied to the bacillus typhosus are present instead; in fact, such micro-organisms as are found in the mouth.

As regards treatment, the occurrence of perichondritis is, I think, an additional indication for a most rigorous cleansing of the mouth and teeth in the acute stage of enteric fever. One is too apt to assume that the dry and dirty condition of the mouth and tongue is due entirely to the pyrexia and to the condition of the alimentary tract. Sometimes we go further and assume that every patient with a dry tongue has or is going to have a severe attack of enteric. The state of the mouth is more often due to the presence of decayed teeth; certainly, it is a clinical fact that it is almost impossible for a nurse to get the mouth clean when these are present, and her difficulty is largely lessened when they are removed. It is, I think, more often a local than a general condition. In addition to the extraction of any carious teeth as soon as the patient is seen, the gums and teeth should be scrubbed with a brush and an alkaline antiseptic. The usual routine of gargling and swabbing is not sufficient, however virulent a germicide is used for the purpose. It is, of course, impossible to assert that a foul condition of the mouth produces perichondritis, but one should, at all events, be careful to avoid any pollution of the air stream before it reaches the larynx. The main indication for a vigorous treatment of the mouth is that it often enables one to feed the patient and increases the ability of the patient to digest food in the acute stage.

As to treatment of the perichondritis when it has arisen, there is, I fear, little to be done intra-laryngeally. In a condition where there may be, and probably is, a loose bit of cartilage inside the abscess, it is unwise to attempt to open it from within, without a preliminary tracheotomy—the risk of suffocation is too great. In each of the present cases the abscess burst, or rather leaked of its own accord. Then, too, the obstruction is frequently subglottic, and also the general mental condition of the patient during an acute stage of enteric makes it



exceedingly difficult to pass any instrument into the larynx, sometimes even to see it.

As a rule, perichondritis seems to occur only in cases that are almost necessarily fatal from the stress of the disease, but where recovery takes place, the risk of cicatricial contraction and subsequent stenosis is great.

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## **A SUCCESSFUL CASE OF LAPAROTOMY FOR PERFORATION OF THE BOWEL IN A CASE OF ENTERIC FEVER.**

(By J. WILKINS, M.R.C.S., L.R.C.P. Lond., and F. VILLY, M.D., B.A. Camb.)

Dr. Osler has recently (*Lancet*, February 9th, 1901) addressed to the medical officers of fever hospitals a plea for the more careful study of the symptoms of perforation (in typhoid fever) with a view to early operation. In this paper he mentions that Dr. Finney has collected 112 cases of laparotomy for perforation, in which the death-rate was only 21. Even supposing that these were specially favourable cases, the results are still admirable and most encouraging. The chief element in success is the early diagnosis of perforation, and this is beset with difficulties. One cause of hesitation in diagnosis is that not infrequently cases occur in which towards the end of the third week there is vomiting with more or less severe abdominal pain, tenderness, and distension, marked decrease of the abdominal movements, facial pallor and anxiety, with quickening and diminution of the pulse, and one feels all but certain that perforation has occurred, but in the course of a few days all the alarming symptoms have disappeared and the patient progresses favourably. The case described below suggests as an explanation for these cases that the symptoms may be due to a plastic peritonitis, the result of a direct extension of inflammation to the peritoneum through the thin base of an ulcer, and that the adhesions thus formed proved adequate to the needs of the case and that recovery then ensued.

The patient, G. H., aged 13, was admitted to the South-Eastern Hospital on July 19th, suffering from enteric fever. She had been ill about a week before admission, having suffered from headache and malaise since the 13th of July, and diarrhœa since the 16th.

On admission, the 7th day of illness, she was thin, pale, and delicate-looking, irritable and peevish in manner, but did not appear to be very ill. The abdomen was tumid, the spleen was enlarged, there was no eruption. Respiration was slightly hurried, and some bronchitis was found to be present. The tongue was furred, cracked, and dry, this being in part due to the patient breathing through her mouth, which was constantly half open. The pulse was good and the mind clear. The patient slept well and took her nourishment readily. The motions were pale and loose, not frequent, there being usually two in the 24 hours. The temperature ranged from 104·6, the highest point reached, to 101; usually the evening temperature was about 103. The patient appeared to be progressing favourably. she became more cheerful, and her tongue became cleaner and moister; the abdomen remained tumid. Nothing occurred worthy of note until July 26th; from that date



to the 28th the temperature gradually fell from 103·6 to 99. There was nothing to account for this fall of temperature. The abdomen was free from pain and tenderness, the patient was feeling better and appeared to be so. The temperature rose again gradually, reaching 104·2 at 2 a.m. on the 30th, this being the 18th day of disease. The patient was now inclined to be restless, but after being sponged with tepid water her temperature fell to 102 and she slept fairly well. At 6 a.m. the temperature was 100·8, and the patient complained of nausea and slight ill-defined abdominal pain. At 12 noon there was slight general abdominal tenderness, no alteration in liver dulness, and the abdominal wall moved normally. The pulse was soft and quiet, the tongue clean and moist.

2 p.m.: since the morning the pain had steadily increased, but was not now localised to any definite part of the abdomen, though rather more marked in the right iliac fossa than elsewhere. Tenderness and resistance to pressure were great, but not more distinctly localised than the pain. The abdominal wall moved freely with respiration, nor was there tumifaction or alteration of the normal areas of dulness. The general condition was excellent.

7.30 p.m.: since the last note, several distinct changes had occurred. The face had become anxious in expression and the pulse to a certain extent "wiry." The complaint of pain was more urgent, and now a definite localisation in the right iliac region was described. In a similar way tenderness and resistance to pressure had increased and become definitely localised. Whilst the liver dulness was unaltered, a new area of dulness had appeared in the right iliac fossa, the abdomen as a whole being slightly more resonant and prominent, though still by no means distended. The abdominal wall still moved with respiration, though there was a distinct decrease in the range of that movement.

Though nausea had been experienced, no vomiting had occurred. The bowels had been opened three times during the day, twice by means of a simple enema. The temperature showed no characteristic rise or fall. Eight minims of the tincture of opium were administered.

11.45 p.m.: no definite alteration had occurred since the last notes were taken.

Dr. Villy now opened the abdomen under chloroform in the region of the right semilunar line by an incision some  $2\frac{1}{2}$  to 3 inches in length. The outer border of the rectus abdominis muscle was then separated. The abdominal cavity having been opened, it was seen that only slight indications of peritonitis were present. The peritoneum was injected and very slightly roughened in parts; in other places very recent adhesions were present, the omentum being adherent to the bowel in a few places, and the coils of bowel were slightly attached one to another. These adhesions were so slight as to be separated by the lightest touch. There was no sign of fluid or of fœcal extravasation. On pulling out the coil of gut which presented in the wound, a minute perforation was almost immediately exposed. It was situated at the base of an ulcer of about the size of a sixpenny piece. The whole ulcer was inverted in a direction transverse to the long axis of the bowel, and the peritoneal surfaces thus opposed were united by about six fine silk Lembert sutures. No peritoneal toilet was made, but the exposed bowel was sponged with boracic acid lotion and returned. The incision was completely closed by silk sutures, including the peritoneum and the whole thickness of the abdominal wall.



The operation was completed in about 45 minutes. The patient's general condition was little, if any, affected by it.

A point of interest with regard to the abdominal condition was the early state of the peritoneal inflammation, together with the absence of fœcal extravasation, though a perforation was undoubtedly present, and had probably been in existence for several hours. It is possible that the gap had been temporarily stopped by adhesion of neighbouring surfaces, for such slight adhesions as were found were broken down by a mere touch, and so their actual positions and relations were difficult to observe. At the same time the perforation itself was very minute, and it is thus possible that it might have been temporarily plugged from within by a portion of mucous membrane or other substance. Either cause may be imagined as powerful enough to prevent more than a slight exit of the bowel contents, especially when the probable paralysed state of the wall is borne in mind.

The patient slept well the night after the operation. She had severe pain at times, but there was no retching or sickness. Peptonised milk was given every three hours by enema, T. opii in mx. being added when the pain was very severe. Warm water was given by mouth.

*August 1st.*—The patient was very comfortable. The temperature ranged from 99 to 101. One ounce of peptonised milk was given hourly by mouth.

*August 2nd.*—The abdomen was less tumid. Tenderness was quite local and confined to the right iliac region.

*August 3rd.*—The patient did not seem so well. The pulse was quicker and dicrotic. The cheeks were flushed, and there was severe pain at times.

*August 4th.*—The stitches were removed, the wound gaped slightly in parts. There was very little tenderness or tumidity.

*August 6th.*—The wound was gaping, and showed the peritoneal union to be good. The edges were now approximated by strapping, and the wound healed slowly by granulation, and was quite sound by September 4th.

The patient was discharged in excellent health and condition on October 10th.

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## THE DIPHTHERIA BACILLUS AND ITS SIGNIFICANCE IN CASES OF SCARLET FEVER.

(By W. T. GORDON PUGH, M.D., B.S. Lond., Senior Assistant Medical Officer,  
North-Eastern Hospital.)

In this paper I have recorded certain observations on the occurrence of diphtheria bacilli in cases of scarlet fever in this hospital, and have incorporated therewith brief accounts of such investigations on the subject of diphtheria as have seemed of interest in connection with the origin and spread of post-scarlatinal diphtheria. In order to indicate clearly these points it has been necessary to include a section on the organisms concerned. The importance of the subject from an administrative point of view will, I hope, justify the length of the paper.



## I.—THE TRUE DIPHTHERIA BACILLUS AND ITS SIMULATORS.

An examination of the literature of diphtheria reveals the fact that considerable lack of uniformity has existed in describing and naming diphtheroid organisms, a fact which depreciates the value of many of the investigations. It has, therefore, seemed advisable that in the first place a classification of these organisms should be adopted and their relation to one another discussed.

The classification at present in general use is founded on one suggested by Park and Beebe<sup>1</sup> in 1894, and is as follows:—

Group I.—the virulent diphtheria bacillus (Klebs-Loeffler).

„ II.—the non-virulent diphtheria bacillus.

„ III.—the Hoffmann bacillus.

By the vast majority of bacteriologists it is believed that only bacilli of group I. are capable of causing diphtheria.

**NOMENCLATURE.**—An analysis of previous papers on this subject was published by Hewlett and Knight<sup>2</sup> in 1897. They, adopting in essence the classification of Park and Beebe, showed that, while all were agreed as to what was the virulent diphtheria bacillus, confusion arose as to what was the “pseudo-diphtheria bacillus”; that the pseudo-diphtheria bacillus of Roux and Yersin, of Fraenkel, and of Abbott was what is included in this classification as group II., while the pseudo-diphtheria bacillus of Loeffler, Hoffmann, Zarniko, Escherich, Park and Beebe, and Peters was what is here called Hoffmann’s bacillus. Similarly, the acid-forming and the alkali-forming pseudo-bacilli of Cobbett and Phillips are groups II. and III. respectively. The obvious course to adopt was to abandon the use of the term pseudo-diphtheria bacillus altogether, but this, unfortunately, was not done by the authors, who gave the title to the third group on the ground of priority; by several later writers, however, the term has been discarded.

**MORPHOLOGY.**—It is unnecessary, for the purpose of this paper, that the many forms that may be assumed by the virulent diphtheria bacillus should be described. With regard to the non-virulent variety, all that have come under my notice have been absolutely indistinguishable microscopically from the virulent organism.

As, however, the descriptions of Hoffmann’s bacillus given in the various text-books and papers do not exactly tally, a short account of that micro-organism may not be out of place. Examined at the end of 24 hours’ growth on blood-serum and stained with Loeffler’s methylene blue, it is a short bacillus, frequently arranged in parallel pairs; in its centre an unstained narrow interval can generally be seen, each half appearing as a pyramid uniformly stained. A fair proportion do not present this division into two parts, but are simply short rods slightly thicker in the middle. Occasionally a pyramid may be seen quite separate from its fellow, and by some observers each half of the bacillus is described as a separate entity arranged with its base in apposition to its companion pyramid. In general, no difficulty is experienced in identifying the Hoffmann bacillus; there is, however, a short type of the diphtheria bacillus

<sup>1</sup> *New York Medical Record*, 29th September, 1894.

<sup>2</sup> *Trans. of Brit. Inst. of Prevent. Med.*, first series, 1897.



which somewhat closely resembles it, and, again, in cultures of the former there occasionally appear degenerate forms, even at the end of 24 hours, which in their aggregations of protoplasm and clubbing much simulate the diphtheria bacillus and suggest an admixture of the two.

These, then, are the bacilli between which it is necessary to distinguish. That those of group II. should be returned as "diphtheria bacilli" by bacteriologists, in the rapid report required by the physician, is of course under the circumstances unavoidable, but it is disconcerting to find some similarly returning bacilli of the third group. Thus, a distinguished bacteriologist in 1898 wrote, ". . . there can be no doubt that these short forms—whether Hoffmann's or not—are less virulent than the longer forms. At the same time they appear to have the capacity under certain circumstances of becoming much more virulent, and it is for this reason that we return them as diphtheria bacilli, especially where isolation is concerned." Again, another bacteriologist<sup>3</sup> says, ". . . I believe that Hoffmann's pseudo-bacillus is a modified Klebs-Löffler, and that when it is present a positive diagnosis should be given"; while in a paper published in September, 1900, Andrewes<sup>4</sup> says, "Within the last few months I have been concerned with a private school in which cases of diphtheria had occurred. The boys were sent home while disinfection was carried out, and no boy was allowed to return until cultivations from the throat and nose had shown the absence of diphtheria bacilli. Between 50 and 60 boys were thus examined: in no case were any suspicious bacilli found in the throat, but in about 10 cases reports came from different bacteriologists that diphtheria bacilli (or the more cautious report 'bacilli morphologically indistinguishable from diphtheria bacilli') were present in the nose. These boys were all in perfect health, but the bacteriologists were not told that the material came from healthy noses, and they fell into the pit. But in no single case were the bacilli found to have any pathogenic effect upon guinea-pigs, when more careful tests were applied. Eight of the 10 were submitted to me, and I found only Hoffmann's bacillus or some allied harmless species; the other two were tested elsewhere with similar result."

It is this that makes statistics of investigations into the presence of diphtheria bacilli in scarlet fever patients unreliable; some of the investigators may have distinguished the three groups, some the first two from the last, others may have included all three as diphtheria bacilli.

**THE DIFFERENTIATION OF GROUP III. FROM GROUPS I. AND II.**—The following are the more commonly accepted tests:—

(a) *The fermentation of neutral litmus glucose broth*: bacilli of both groups I. and II. render this acid; Hoffmann's bacillus does not.

(b) *Inoculation of guinea-pigs*: Hoffmann's bacillus in being non-pathogenic differs from bacilli of group I.

The second test, although of great scientific interest and importance, is naturally of no practical value to the clinician who desires to make an early diagnosis and who, moreover, has no facilities for inoculation. The first test

<sup>3</sup> Trans. of Jen. Inst. of Prev. Med., second series, 1899, p. 203.

<sup>4</sup> Brit. Med. Journ., 29th September, 1900.



requires a pure culture and may, therefore, for the same reason also be neglected. The only test remaining which seems worthy of mention is

(c) *Neisser's diagnostic stain*.<sup>5</sup>—A film preparation of a blood-serum culture, of not more than 24 hours' growth, is stained with acid methylene blue solution<sup>6</sup> for five seconds, washed and stained with vesuvin<sup>7</sup> for about 10 seconds. So treated, the diphtheria bacillus appears as a brown rod with an inky granule at each pole, occasionally with a third at its middle. In agar cultures the reaction is very variable and usually badly marked. “. . . The pseudo-diphtheria bacillus of Hoffmann morphologically differs entirely from it and never shows any granules. With preparations of the xerosis bacillus, an individual here and there resembles the diphtheria bacillus, but the majority do not react. Certain thread forms or strepto-bacilli such as the leptothrix in the mouth show the double staining, but the threads are thick and the granules large and spherical” (Hewlett).<sup>8</sup>

Other opinions on the value of the stain may be quoted. Fraenkel<sup>9</sup> in December, 1897, stated that he had been able to confirm Neisser's observations, and he looked upon the whole process as very simple and rapid, but regarded the inoculation of animals as the only absolute test. Bronstein<sup>10</sup> in February, 1900, said this method had to a great extent obviated the necessity of inoculating animals in doubtful cases. True Klebs-Löffler's bacilli presented a double staining; the pseudo-bacillus had no polar granules and there was no double staining. He examined a number of membranes; in 172 true diphtheria bacilli were found by culture, and out of 150 of these in which preparations had been made directly from the membrane, Neisser's reaction had been obtained in 135. Schanz<sup>11</sup> in March, 1898, adversely criticised the method, while Andrewes<sup>12</sup> has recently said: “I have employed the test regularly for some time, and my experience is that, while it is a useful confirmatory test, often helpful, it is not one upon which absolute reliance can be placed.”

It will be seen that there is among writers some difference of opinion regarding Neisser's stain. With bacilli of both groups I. and II. grown on blood serum for about 24 hours I have, I think without exception, succeeded in obtaining a positive result; after 48 hours' growth the reaction has generally been feebler and variable; after 60 hours, as a rule, it has not been obtained. It is not usual, however, in any specimen for all the bacilli to stain. Hoffmann's bacillus, on the other hand, appears never to show the pole granules; I have examined pure cultures of this organism through over 20 generations with uniformly negative results.

In Neisser's stain, therefore, clinicians possess a valuable method of definitely distinguishing the third group from the other two, but it is not a test that separates the virulent diphtheria bacillus from its non-virulent simulant of group II. With this limitation, I believe it has proved a most efficient aid during a period of about three years, in which it has been used as a routine confirmatory test in this hospital. Besides its use in differential diagnosis, it has seemed of

<sup>5</sup> *Zeitschr. für Hyg.*, bd. xxiv., 1896.

<sup>6</sup> One gramme of methylene blue (Grubler's) is dissolved in 20 c.c. of alcohol (96 %), and mixed with 950 c.c. of distilled water and 50 c.c. of glacial acetic acid.

<sup>7</sup> Two grammes of vesuvin are dissolved in 1,000 c.c. of boiling distilled water, and the solution is filtered

<sup>8</sup> *Trans. of Jen. Inst. of Prev. Med.*, second series, 1899.

<sup>9</sup> *Berl. klin. Woch.*, 13th December, 1897.

<sup>10</sup> *Berl. klin. Woch.*, 12th February, 1900.

<sup>11</sup> *Münch. Med. Woch.*, No. 11, 15th March, 1898.

<sup>12</sup> *Loc. cit*



particular value in picking out a few diphtheria bacilli from an admixture with Hoffmann's bacilli, in cultures where the latter have apparently outgrown the more important organism.

**THE DIFFERENTIATION OF GROUP I. FROM GROUP II.**—It is generally held that the inoculation of guinea-pigs furnishes the only method by which the virulent diphtheria bacillus can be with certainty distinguished. Since it is claimed that there are similar organisms pathogenic to these animals, yet unconnected with diphtheria, it is now regarded as essential for absolute proof that diphtheria antitoxin should be capable of neutralising in a control animal an otherwise fatal dose of the bacillus.

**THE RELATION OF THE GROUPS TO ONE ANOTHER.**—On this subject there still exists uncertainty. By many, however, the non-virulent diphtheria bacillus is considered to be a saprophytic variety of the Klebs-Löffler organism, while the Hoffmann bacillus is regarded as probably a totally distinct species. The possibility of the conversion of one group into another is, from a practical standpoint, of much importance.

*The conversion of Group I. into Group II.*—Roux and Yersin found it was possible to produce an attenuation of the virulence of the bacillus in a number of ways. "For instance, if a current of sterile air is kept passing through a broth culture maintained at a temperature of 39.5° C., after about two weeks some of the bacilli begin to lose their virulence, and at the end of about four weeks all the bacilli have lost all of their virulence and produce non-virulent cultures. A little while after losing their virulence the bacilli remaining in the culture died. They also found that if from time to time cultures were made from dried bits of membrane, a period finally came when the bacilli, although alive, had become non-virulent."<sup>13</sup>

*The conversion of Group II. into Group I.*—Roux and Yersin were unable, on the other hand, to give back virulence to those bacilli which had been completely robbed of it by the above method, or to those which had no virulence originally when obtained from the throat. Their attempts were more successful when they used a bacillus that still retained some slight action on the guinea-pig—by injecting a mixture of this non-fatal bacillus and very active cultures of the streptococcus of erysipelas, virulence was, though not invariably, restored.

*The conversion of Group I. into Group III.*—Hewlett and Knight kept 48-hour broth cultures of a virulent diphtheria bacillus at a temperature of 45° C. for (a) 4, (b) 6½, (c) 17, and (d) 24 hours respectively. No subcultures could be obtained from (d); from (a) and (b) virulent subcultures were readily obtained. With regard to (c), "the growth in the first subcultures obtained from the broth heated for 17 hours was very poor, showing that most of the organisms had been killed, and the nature of those that remained alive appeared to have been completely changed. . . . In later subcultures the growth was as good as before heating." These latter were undoubtedly cultures of Hoffmann's bacillus. The experimenters were confident that the suggestion that the original stock was a mixture of Klebs-Löffler and a few Hoffmann's bacilli was untenable, but as they

<sup>13</sup> From Park and Beebe, *loc. cit.*



attempted to obtain the same transformation with other virulent diphtheria bacilli without the same complete success, it cannot be said that the evidence is satisfactory.

*The conversion of Group III. into Group I.*—Investigations of this nature lend themselves to much criticism on account of their inherent difficulties; for, when it is remembered that diphtheria bacilli may not rarely be outgrown in cultures by Hoffmann's bacilli, that the plate method is far from perfect in separating micro-organisms which are very similar,<sup>14</sup> that a negative result of the neutral glucose broth test and of the inoculation of guinea-pigs does not prove complete absence of virulent diphtheria bacilli in the culture used,—it will be obvious that to be convincing the evidence should be without flaw; especially, the source of the culture should be one which is above suspicion as to the possibility of contamination with the virulent bacillus. Space, unfortunately, does not permit a detailed account of these investigations.

Trumpp<sup>15</sup> in 1896 stated that by injecting simultaneously a dose of the culture and a small quantity of diphtheria toxin he had succeeded in changing a bacillus, non-virulent to the guinea-pig and of the pseudo-diphtheritic type, into one which proved pathogenic to that animal. Hewlett and Knight<sup>16</sup> in 1897 said that they believed that in one or two cases they had succeeded in transforming the pseudo-diphtheria bacillus of Hoffmann into a virulent form. The treatment consisted in incubating cultures showing only typical pseudo-forms, both morphologically, culturally, and in non-virulence, on serum for a week for a variable number of generations. Salter and Richmond<sup>17</sup> stated in 1899 that by several passages through very susceptible birds, such as the goldfinch, they had been able to change the form of the Hoffmann into that of the Klebs-Löffler bacillus, and to exalt its virulence until it had been able to kill the guinea-pig.

In these investigations, however, the source of the Hoffmann bacillus, where it is mentioned, has almost invariably been a singularly unfortunate one. Thus, in the only experiment described in detail by Hewlett and Knight, the Hoffmann bacillus was derived from a nurse who had been in attendance on a case of diphtheria, while in Salter and Richmond's experiments, of the 15 strains of bacilli the sources of which are given in the paper, no fewer than 14 are stated to have been obtained from cases clinically diphtheria or post-scarlatinal diphtheria. Conclusions so far-reaching in their consequences cannot be accepted without due confirmation.

**CLINICAL SIGNIFICANCE OF THESE ORGANISMS.**—By some writers it is said that Hoffmann's bacillus causes a mild tonsillitis, but I have never been able to convince myself that in any of the numerous cases of tonsillitis which have occurred at this hospital its presence was more than accidental. As will be shown later, a considerable percentage of children have normally these bacilli in nose or throat.

As to the diphtheria bacillus, an attempt will be made in the following sections to show that it is not justifiable to regard children in whom bacilli morphologically

<sup>14</sup> Cobbett and Phillips, *Journal of Path. and Bact.*, Dec., 1886.

<sup>15</sup> *Centralb. f. Bakt.*, bd. xx., 1896.

<sup>16</sup> *Loc. cit.*

<sup>17</sup> Guy's Hospital Reports, vol. liii., and Trans. of Jen. Inst. of Prev. Med., second series, 1899.



indistinguishable from the true diphtheria bacillus are found as persons requiring isolation, unless—

- (i.) the virulence of the bacillus is proved, or
- (ii.) the clinical evidence supports the diagnosis of diphtheria, or
- (iii.) there is a history of exposure to infection by this disease.

## II.—DIPHTHERIA BACILLI IN THE THROAT.

The impression that virulent diphtheria bacilli are not uncommon among healthy members of the general public appears to have gained some hold of our profession. If, however, the evidence upon which this belief is founded be examined, it will be seen that it is not of a very convincing character, and is possibly open to the following explanation:—

(a) Diphtheria bacilli have been frequently found in the throats of healthy persons who have been exposed to the disease, and in many of these cases the virulence has been tested with a positive result.

(b) In persons who have not been exposed to this infection it is theoretically probable that the bacilli which have been not infrequently found belong to the non-virulent or saprophytic class. By some strange fatality the virulence of bacilli found under these latter conditions seems seldom to have been tested, and it has apparently been assumed that they are of the true Klebs-Löffler variety.

I will now proceed to consider the occurrence of bacilli in the throats of healthy persons under various conditions.

(1.) *In those who have been exposed to infection.*—Many investigations might be quoted proving the liability of those who are brought into close contact with patients suffering from diphtheria to acquire virulent bacilli in their throats without showing any signs of the disease.

Johannessen<sup>18</sup> found the virulent bacillus present in the healthy throats of three out of 20 children in a ward in which a case of diphtheria had occurred.

Park and Beebe<sup>19</sup> examined the throats of the healthy children of 14 families in which one or more of the other members had diphtheria. There were in all 48 healthy children; in 13 of the families and in 50 per cent. of the children diphtheria bacilli were found. Six cultures were tested for virulence with positive results.

Meade Bolton<sup>20</sup> believed as a result of his investigations that more than one-third of those exposed to infection get the bacilli in their throats.

(2.) *In institutions.*—Goadby<sup>21</sup> in 1898 examined bacteriologically the throats of 100 healthy children in a barrack school where no diphtheria had occurred for two years. Carbol-methylene blue and Neisser's stain were used, and Hoffmann's bacillus differentiated. Diphtheria bacilli were found in 18 of the cultures. Whether these were of the second group, the saprophytic variety, was not ascertained, the inoculation test, as Mr. Goadby has kindly informed me, not being applied. I might mention, however, that recently, in the throat of a child admitted here for scarlet fever from a large orphanage, in which no case of diphtheria had occurred for two years, organisms microscopically indistinguishable

<sup>18</sup> *Deutsch. Med. Woch.*, 1895, xxi.

<sup>19</sup> *Loc. cit.*

<sup>20</sup> *Med. and Surg. Reporter*, 27th June, 1896.

<sup>21</sup> *Trans. of Epidem. Soc., Lond.*, vol. xix.



from the Klebs-Löffler bacillus were found, which were capable of rendering neutral glucose broth acid, but were absolutely non-virulent to guinea-pigs.

Goadby was at the time investigating an epidemic of diphtheria at the Poplar Union Schools, where about 600 children are kept on barrack principles, there being but one playroom for each sex. Twenty-three cases of diphtheria had already occurred when the cultures were taken. No fewer than 190 (32 per cent.) out of the 586 children examined were found to have diphtheria bacilli in their throats. What proportion of these were of the virulent variety it is impossible to say; cultures from two children, who had no clinical signs of throat affection, were found to be fully virulent. Only 15 of the 190 subsequently developed clinical diphtheria.

Aaser,<sup>22</sup> in an outbreak of diphtheria in a soldiers' barracks, found the bacillus in 17 out of 89 healthy throats. Denny<sup>23</sup> in 1899 examined the throats of 200 boys in a truant school, in which four cases of diphtheria with membrane had occurred. In 22 the cultures gave a positive result; only six of these boys had sore throats, the others being apparently quite healthy. Berry and Washbourn<sup>24</sup> met with like results in an examination under similar circumstances of the throats of children at the London Orphan Asylum in 1898. In none of these investigations, however, is it stated that the virulence of the bacilli was examined.

(3.) *Among the general public.*—We find in medical literature but few accounts of the examination of healthy throats apart from those which come under the two heads already discussed.

A feature noticeable in these investigations is that the prevalence of diphtheroid organisms depends largely on the social status, and consequent surroundings, of the persons examined, and also, perhaps, to a certain extent on locality.

Denny,<sup>25</sup> of Brookline, Mass., examined 235 healthy individuals, 216 children and 19 adults, a large proportion being of the well-to-do class. In cultures from their throats only once was the diphtheria bacillus found. This was a school-child who, as far as was known, had not been in contact with any case of diphtheria. The bacilli were so few that a pure culture for inoculation could not be obtained.

Park and Beebe,<sup>26</sup> on the other hand, examined 275 persons, chiefly hospital and dispensary patients, who were not known to have been exposed to infection; from the throats of 26 diphtheria bacilli were obtained, which in 23 cases proved *non-virulent* to guinea-pigs. Fifty-five patients in a foundling hospital were also examined; among them six were found to have diphtheria bacilli, no fewer than five of the cultures being of the virulent variety. In view of the source of these cultures, one can readily agree with the authors when they express the opinion that these cases were probably the result of an unrecognised case of mild diphtheria. Since it is also stated that two of the carriers of virulent bacilli (though whether of the three or the five is not related) subsequently developed diphtheria, it may fairly be questioned whether there is in this paper anything definitely supporting the belief to which I referred when commencing this section, although it has been frequently quoted for that purpose.

<sup>22</sup> *Deutsch. Med. Woch.*, 1895.

<sup>23</sup> *Boston Med. and Surg. Journ.*, 22nd November, 1900.

<sup>24</sup> *Trans. of Epidem. Soc.*, Lond., vol. xix.

<sup>25</sup> *Loc. cit.*

<sup>26</sup> *Loc. cit.*



**IN SCARLET FEVER CASES.**—The presence of diphtheria bacilli in the throat under these various conditions has been discussed in order that the significance of these bacilli in the throats of scarlet fever patients may be the better appreciated. I will now consider their presence in the throats of patients *on reception into hospital*. A series of 203 consecutive cases admitted into certain of my scarlet fever wards were examined for this purpose, the cultures being taken in the receiving room to avoid possibility of infection in hospital. In 11 of these were found bacilli morphologically identical with those of diphtheria. In one case the appearance of the throat and the absence of definite evidence of scarlet fever suggested uncomplicated mild diphtheria, which diagnosis was confirmed by the subsequent course of the case; the bacilli were tested by inoculation and found to be virulent. Of the 10 other patients, all of whom were suffering from scarlet fever, six presented only injection of the fauces, three some follicular exudation, and one ulceration of uvula and tonsils.

Thus, of the scarlet fever cases admitted into these wards during three-parts of a year, about 5 per cent. had bacilli which were not to be distinguished by the means available to a physician from the true Klebs-Löffler organism. The bacilli from two of these patients were further examined; they were found capable of producing acid reaction in neutral litmus glucose broth, but to be *quite innocuous* to guinea-pigs.

It might also be mentioned that Hoffmann's bacillus was found in 41 of the cultures.

Garratt and Washbourn<sup>27</sup> examined the throats of 666 cases of scarlet fever admitted under their care at the London Fever Hospital from March, 1896, to December, 1898. In eight, or 1·2 per cent., were found bacilli morphologically resembling the bacillus diphtheriæ; the inoculation test was not applied.

It will be noticed that this percentage is considerably lower than that found in the patients admitted into this hospital. The difference is possibly dependent on the higher average age and social status of patients at the London Fever Hospital. The relative frequency among the class of patients admitted to the Board's hospitals is confirmed by an investigation of Goodall's<sup>28</sup> in 1896, when among 87 cases of scarlet fever examined on admission six patients were found to have diphtheria bacilli of the long variety in their throats.

I venture to think that the evidence given in this section lends some support to the view that bacilli found in the throats of persons who have not been exposed to the infection of diphtheria belong probably to the saprophytic or non-virulent class, while, on the other hand, those found after such exposure are in a considerable proportion of cases of the true or virulent variety.

### III.—DIPHTHERIA BACILLI IN THE NOSE.

In this section will be discussed :—

(1.) The occurrence of diphtheria bacilli in the nasal cavities of scarlet fever patients on admission into hospital.

(2.) A disease which is described by rhinologists under the title of fibrinous rhinitis.

(3.) Post-scarlatinal rhinitis.

<sup>27</sup> *Brit. Med. Journ.*, 15th April, 1899.

<sup>28</sup> *Trans. of Epidem. Soc., Lond.*, vol. xv.



(1.) **IN SCARLET FEVER PATIENTS ON ADMISSION.**—A bacteriological examination was made at this hospital of the noses of 202 cases of scarlet fever, without any selection, the cultures being taken in the receiving room to avoid complication. From 14 long or medium diphtheria bacilli were obtained; from 11, short bacilli, which likewise, stained by Loeffler's and Neisser's solutions, were morphologically diphtheria bacilli. With regard to the condition of the nose in these patients, 18 appeared on careful examination quite normal, four were moist, two had thin discharge and sore nostrils, one thick discharge with scabs. In no case could membrane be seen on turbinals or septum.

In 108 cases the bacillus of Hoffmann was found.

It will thus be seen that of the cases examined no fewer than 12 per cent. had bacilli in their noses, which by microscopical examination were not distinguishable from true diphtheria bacilli. One of the cultures of short bacilli, on further examination, gave a positive result with neutral litmus glucose broth, but was found to be non-virulent to the guinea-pig. Two of the cultures of medium bacilli were similarly tested; both were found capable of fermenting the glucose broth, but likewise were non-pathogenic to guinea-pigs. Two of the Hoffmann cultures were examined as to virulence, with negative result; they failed to render neutral sugar broth acid.

Here, again, it will be noticed that the results of inoculation tend to confirm the view expressed in the last section as to the nature of the bacillus when found apart from exposure to the infection of diphtheria.

It is interesting to compare these results with those obtained at a hospital for children. Mr. Lambert Lack<sup>29</sup> made cultures from the noses of 75 children attending his ear, nose, and throat out-patient practice, and 25 children under 12 years of age attending a medical clinique—in all, 100 patients. About 40 were cases of adenoids, four had atrophic rhinitis, many had slight running from the nose, while none were seriously ill and in no case was there a history of exposure to diphtheritic infection. In 13 per cent. the diphtheria bacillus was found and in 52 per cent. that of Hoffmann. Unfortunately, as Mr. Lack informs me, in no case was the virulence tested.

(2.) **FIBRINOUS RHINITIS.**—This affection was first described in 1871 by Schuller,<sup>30</sup> who found in the case of an infant dying of erysipelas the nose lined with membrane. In recent years numerous papers on the subject have appeared, chiefly by German and American writers.

It occurs most commonly in children, and commences with the ordinary symptoms of catarrh; the child, beyond being perhaps a little feverish for the first day or two, seems in its general health unaffected. Complete bilateral or unilateral nasal obstruction ensues, accompanied by a watery or muco-purulent discharge, with sometimes more or less irritation of the nostrils and upper lip, or even extensive impetigo. Fibrinous exudation can be seen over the nasal mucous membrane and sometimes large loose pieces may be removed.

Mr. Lambert Lack,<sup>31</sup> whose valuable paper first drew general attention to the affection in this country, had 36 cases under his care during his 15 months' investigation. Of these, 33 were under eight years of age, while nearly half

<sup>29</sup> Med. Chir. Trans., vol. lxxxii.

<sup>30</sup> Jahrbuch für Kinderheilk, 1871.

<sup>31</sup> *Loc. cit.*



occurred during the months of August and September. Nasal obstruction was usually the symptom for which relief was sought; discharge was constantly met with, but was sometimes very slight; bleeding from the nose occurred in about two-thirds, was as a rule small in amount, and appeared late in the disease when the membrane was separating. Excoriation of the anterior nares was present in the majority, sometimes with impetigo of the lip; in three cases there were pustules on the face and hands. Examination of the nose usually showed a thin whitish, flaky, somewhat adherent exudation on the inferior turbinals, floor of nose, and septum; the mucous membrane seemed congested and bled easily when touched with the probe. In no case did the exudation extend to the vestibule, and hence examination by mirror was required. In one-fourth of the cases the affection was strictly unilateral. In 32 cases examination of the throat yielded a negative result; in the remaining four were slight lesions. No loss of knee-jerk or paresis of palate followed, although these were regularly sought for. The affection lasted on an average six to eight weeks.

Thirty-three cases were examined bacteriologically. In each instance were found diphtheria bacilli, generally of the long variety, capable of producing an acid reaction on litmus sugar-agar. In the 23 cases in which inoculation experiments were made, the organisms were found to be of full virulence to guinea-pigs, to produce virulent toxin, and to be neutralised by antitoxin, while a membranous exudation lining the whole trachea and extending down to the bronchi was in one case produced in a tracheotomised rabbit.

The degree of frequency of the affection may be estimated from the fact that in 700 new cases, attending in one year Lack's clinique for ear, nose, and throat affections at the Children's Hospital, Paddington Green, 16 cases of the disease occurred. Mr. Lack kindly informs me, "Probably I saw all the cases (or nearly all) of fibrinous rhinitis attending the hospital, as they would be sent to me as "nose cases. The new cases attending the whole hospital are, I believe, about "10,000 a year."

Inquiry was made into the children's surroundings to ascertain the relation of the disease to true diphtheria. In one case the patient's father was said to be suffering from diphtheria. In each of two cases a sister had had a sore throat; at the time cultures were made from these sisters there appeared nothing abnormal in their throats, but virulent bacilli were obtained. One of the series occurred in a ward at King's College Hospital: bacteriological examination showed that three of the nurses and six of the other patients had diphtheria bacilli in the throat, three of these presenting exudation. In another case the bacillus was obtained from the throats of mother and sister; in another from a sister. In four instances there was a history of sore throat among other members of the family, but no bacilli could be obtained from them, and in other cases no apparent source of infection could be found. Sometimes the rhinitis gave rise to other cases of the same disease, nine of the 36 cases occurring in four families.

(3.) **POST-SCARLATINAL RHINITIS.**—In a paper read by Todd<sup>32</sup> in January, 1898, attention was called to "a form of external rhinitis due to the Klebs-Löffler "bacillus appearing in children convalescing from scarlet fever."

This commenced as a slight redness of the posterior margin of one or both

<sup>32</sup> *Lancet*, 28th May, 1898.



nostrils, ultimately resulting in the formation of a moist granular-looking raw surface, bleeding readily, and often covered by a crust, which sometimes almost blocked the nostril. There was never any formation of membrane, and the process did not appear to extend backwards into the nasal cavity, but in many cases spread down to the upper lip in the form of an eczematous area. Discharge was usually slight and not uncommonly absent; the affection lasted from one to five weeks, and there was a tendency to the formation of pustules on parts of the body exposed to contact with the discharge; the face was often spotty. The general health was apparently unaffected; no paralytic symptoms were recorded. The rhinitis appeared to be contagious, and spread, though not rapidly, among young children, when it was introduced into a convalescent ward.

Fifty-one cases occurred among 365 children under observation during 18 months at the London Fever Hospital; it was most common at the ages of three and four years, no case occurring after 12. Five cases were observed during the first week after admission, and five during the second and third weeks. Later, when the children were up, the incidence was more frequent. In only three cases were diphtheria bacilli found in the fauces of the children affected; of these two were sisters whose mother and brother were suffering from definite diphtheria, while the third had also been similarly exposed to infection. During the 18 months over which these observations extended a bacteriological examination of the fauces of every patient was made before admission to the scarlet fever wards, and during this period only one case of post-scarlatinal diphtheria occurred in the hospital. In a few instances (the number is not obvious from the paper) the virulence of the bacilli was tested and they were found to be pathogenic to guinea-pigs.

Chronic rhinitis with sore nostrils, clinically similar to that described by Todd, apparently contagious, yet unassociated with the diphtheria bacillus, is, however, a fairly common sequel of scarlet fever. For example, in one of our wards there were some months ago six children who presented nasal discharge accompanied by redness and scabbiness of the nostrils; in but one of the cultures taken from these was the diphtheria bacillus found.

I have, therefore, been led to believe that the cases of rhinorrhœa associated with this bacillus in the discharge, which cases have been found to be not infrequent in this hospital (and perhaps, also, those described by Todd), are composed of two entirely different classes:—

(a) Cases where the patient has been the host of non-virulent diphtheria bacilli and later develops the ordinary post-scarlatinal rhinorrhœa.

(b) Cases in which true Klebs-Lœffler bacilli are present. In some instances, no doubt, as in the throat, these bacilli merely lodge in the nose; in others membrane is produced, giving rise to the affection which rhinologists term fibrinous rhinitis, but which I see no logical objection to calling nasal diphtheria.

In several of our cases membrane has been found in the nasal cavities. Some details of three of these in which the inoculation test was applied may be given. A case of secondary diphtheria with membrane on the tonsils having occurred in a convalescent ward, the throats and nasal cavities of all the patients were examined. One boy, who had very slight discharge and no redness or soreness of nostril, was found to have the left side of the septum markedly congested with thin but definite membrane extending over part of its surface. Free bleeding occurred when a portion of the membrane was removed, and cultures



showed that virulent bacilli were present. The right nasal cavity appeared normal; the throat, also, was natural and a culture from it negative. Diphtheria bacilli, virulent to the guinea-pig and capable of neutralisation by antitoxin, were obtained from two other cases, occurring in different wards under somewhat similar circumstances. These patients had rhinorrhœa with scabbiness of the nostrils, and when the nasal cavities were examined after douching membrane was seen on the turbinated bone. In all the general health remained practically unaffected.

#### IV.—THE ORIGIN OF POST-SCARLATINAL DIPHTHERIA.

I now propose to consider the principal reasons which have been suggested for the occurrence of secondary diphtheria in scarlet fever wards.

(i.) *Defects in sanitation.*—With increased knowledge of the bacterial origin of diphtheria, the belief that the disease could be caused by defective drainage has gradually waned. Nevertheless, it may be well to recall that Sweeting,<sup>33</sup> in 1893, investigated this point in connection with the Board's hospitals, and found that "post-scarlatinal diphtheria has prevailed in like degree in hospitals with ventilated "and in those with unventilated soilpipes; in hospitals with automatic flushing "apparatus, and in hospitals without such appliances; in hospitals with elaborate "systems of ventilation and disconnection, and in hospitals where these are of the "most meagre and incomplete kind. In fact, the diversity is so great that no "common factor of drainage defect can be pointed to as explaining the long- "continued yearly recurrence of this condition of post-scarlatinal diphtheria."

(ii.) *Overcrowding.*—This term, strictly speaking, applies to a diminution in the recognised floor and cubic space allowed per bed. That overcrowding in this sense, within reasonable limits, has any great influence on the incidence of post-scarlatinal diphtheria is open to doubt.

What should probably be regarded as of far greater importance is that an increase in the number of beds in a ward beyond the normal brings more patients, especially in convalescent wards, into intimate association with one another, so that, if a source of infection is by mischance introduced, a larger number of children is likely to be affected by it.

(iii.) *Introduction of unrecognised diphtheria.*—Among the many cases of tonsillitis which are admitted every year into these hospitals certified as scarlet fever, it is at least possible that some are really suffering from mild diphtheria. The number of cases presenting on admission evidence of tonsillitis only is considerable, for patients have not infrequently lost by the time they arrive at the hospital the other signs upon which the practitioner founded his diagnosis, and yet many of these are proved subsequently by the occurrence of desquamation to be suffering from the disease certified. Owing to the limited number of isolation rooms, a considerable proportion of these cases of apparent tonsillitis are admitted for observation into the scarlet fever wards, and one of mild diphtheria might thus be the origin of an outbreak of post-scarlatinal diphtheria.

Under this heading must also be included those occasional cases of double infection, in which the local evidence of diphtheria is so slight, or else so masked by the lesions of scarlet fever, as to escape recognition. What proportion of

<sup>33</sup> Trans. of Epidem. Soc., Lond., vol. xii.



patients are thus affected it is difficult to say, for a condition of throat closely simulating diphtheria is not uncommon in scarlet fever. Cultures as a rule show absence of the specific bacillus, but sometimes organisms are found which morphologically are indistinguishable from it. In view of what has been said in a previous section regarding the not infrequent presence of non-virulent diphtheria bacilli in normal and scarlatinal throats, it is obvious the mere finding of the bacillus, without recourse to inoculation, cannot be regarded in this throat condition as proof of the co-existence of the two diseases. Hence it is possible that the number has been over-estimated when it is recorded in the annual statistics that 1,046 cases of the combined diseases were admitted into the Board's hospitals in the four years 1896-99.

(iv.) *The treatment upon the same site of the two diseases.*—It is but natural that a layman, unacquainted with the administration of a fever hospital, should, when he hears that his child, convalescent from scarlet fever, has developed diphtheria, forthwith conclude that infection has been derived from cases of diphtheria treated in the same hospital. This opinion has to some extent been shared by members of our profession. Thus, Sweeting<sup>34</sup> in 1893 apparently believed that there was a connection between the reception of both diseases in the Board's hospitals and the incidence of post-scarlatinal diphtheria. He concluded from a study of his statistics "that there had been a marked increase of the complication at the acute hospitals since diphtheria was received, although it had undoubtedly existed to a minor extent at some of them before diphtheria was admitted," but ". . . that at the Northern Convalescent Hospital it had existed before and after the reception of diphtheria convalescents, and that its prevalence had apparently been inappreciably affected thereby."

Now if, as the supporters of this theory hold, the treating in the same hospital of the two diseases is the main cause of post-scarlatinal diphtheria, one would expect it to be of comparatively rare occurrence in hospitals reserved entirely for the treatment of scarlet fever. That this is not so is evident from the fact that, in the five years 1896-1900, 160 cases were recorded for this hospital, into which only patients certified to be suffering from scarlet fever have been received since its opening in 1892. Similarly at Gore Farm, which up to 1899 received scarlet fever convalescents only, 273 cases of secondary diphtheria occurred during the two years 1897 and 1898.

It would be interesting to compare the incidence of post-scarlatinal diphtheria at hospitals receiving scarlet fever only and at those admitting both diseases. In the case of the acute hospitals such comparison would, however, be without value, on account of the varying proportion of patients transferred to the convalescent institutions. Comparison of the latter hospitals is free from this particular objection; at Gore Farm during the years 1896-98, a period when it received scarlet fever convalescents only, 4.5 per cent. of the patients developed secondary diphtheria; at the Northern Hospital, admitting convalescents from both diseases, the almost identical percentage incidence of 4.9 is recorded during the same three years.

It may, therefore, I think, be regarded as proved, so far as statistics are able to help one, that the aggregation upon the same site of the two diseases is not an

<sup>34</sup> Trans. of Epidem. Soc., Lond., vol. xii.



important factor in the etiology of post-scarlatinal diphtheria. Is it possible for such association ever to give rise to this complication? Goodall<sup>35</sup> in 1896, after pointing out certain fallacies in Sweeting's statistics and deductions, said he had not been able to satisfy himself that, save in very exceptional instances, infection had been conveyed from the diphtheria to the scarlet fever wards. Indeed, since diphtheria spreads solely through intimate contact with the source of infection, it can extend to the scarlet fever wards only in consequence of imperfect separation of the convalescents or through conveyance there by members of the staff. I am not aware that the first means of infection exists at any hospital and will therefore confine my remarks to the second.

Practically the only persons involved are the medical officers and the nurses. The former, however, are not brought into sufficiently close contact with their patients to encourage the belief that they serve in any degree of frequency as sources of infection. The intimate relations, on the other hand, existing between a nurse and the children under her care render her more likely to prove an important factor in the spread of this disease. On a preceding page the extreme liability of a nurse in close attendance on diphtheria patients to acquire virulent bacilli in her throat was pointed out. Is there any evidence that a nurse, in the best of health herself, can by this means convey infection? Proof has before now been furnished, but the following instances seem of sufficient interest to deserve mention.

There is an isolation building in this hospital, used for cases erroneously diagnosed as scarlet fever, containing four separate rooms, which are looked after by a single nurse. In one was a child with bronchitis; in another a patient suffering from diphtheria. The latter died on November 18th, five days after admission. On December 3rd the bronchitic child, who had not yet left his bed, developed laryngeal diphtheria, necessitating tracheotomy. No source of infection appeared possible save by the medical or nursing staff. Cultures were made from the throats of all who had been in contact with the child, and from one nurse, who had been in attendance on the diphtheria case of a fortnight before, virulent Klebs-Löffler bacilli were obtained. She had throughout had no sore throat, and the tonsils showed only chronic enlargement.

Another instance was as follows:—A child having developed diphtheria in a scarlet fever ward, cultures were taken from the throats of all the other patients, and several were found to have diphtheria bacilli. These were removed, and those remaining kept in bed until another round of cultures had been taken. It was then found that several more had acquired the bacillus, including a boy, from whom a negative culture had also been made on admission, and whose condition had all along precluded any approaches by the other children. Cultures were, therefore, made from the nurses' throats, and from two diphtheria bacilli were obtained.

This subject has been dealt with at some length because it appears to be the only conceivable way by which the disease can be conveyed from the diphtheria to the scarlet fever wards.

The relation which appears to exist between the state of the throat and the period during which infectivity continues is of interest. Of four nurses, who about the same time, without impairment of health, carried diphtheria bacilli in their throats, one had large, rugged tonsils with some remains of adenoids, while the throats of the others were normal in appearance. The latter were by anti-

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<sup>35</sup> Trans. of Epidem. Soc., Lond., vol. xv.



septic treatment freed from the organism in a few days. The one with the abnormal throat, in spite of over a month's vigorous local treatment, followed by some weeks at the seaside, showed virulent diphtheria bacilli nine weeks after the first examination, although during the whole of this period she had not been in contact with any source of infection.

## V.—THE PREVENTION OF POST-SCARLATINAL DIPHTHERIA.

This subject divides itself naturally into two parts—the prevention of the introduction of diphtheria bacilli into a ward, and the prevention of spread among patients.

(A.) **PREVENTION OF INTRODUCTION.**—Introduction, as was pointed out in the preceding section, seems to take place (i.) through patients who, whether suffering from clinical diphtheria or not, are admitted with virulent bacilli in their throats or noses, or (ii.) occasionally by members of the staff who have been working in wards containing cases of diphtheria.

(i.) *By patients.*—The course which at once suggests itself is examination by culturing of all new cases on admission. This was in fact advocated by Garratt and Washbourn<sup>36</sup> in 1899 as a method of preventing post-scarlatinal diphtheria. They found, as already stated, that of the patients admitted under their care for scarlet fever at the London Fever Hospital during nearly three years, eight (1·2 per cent.) had in their throats bacilli morphologically resembling those of diphtheria. These were isolated. In 1896, of 637 admissions only three developed post-scarlatinal diphtheria; in 1897, of 431, only one; in 1898, out of 325 patients, none at all. The previous record for the hospital had been four cases in 1893, one in 1894, and 14 in 1895, when, it is stated, an outbreak necessitated the closing of some wards.

When, however, one comes to examine more carefully this proposition, certain objections suggest themselves.

In the first place, the patients admitted into the Board's hospitals appear far more frequently to carry in their throats bacilli morphologically indistinguishable from the Klebs-Löffler bacillus—about 5 per cent. in the series examined at this hospital. Now supposing, by a routine investigation—which, dealing with large numbers, would be very laborious—this percentage of patients were distinguished from the others as carrying the diphtheria bacillus, it is difficult to see what could be done with them. That each child could be separated and kept by itself is obviously impossible. The only alternative, to send them all into certain wards reserved for them, would merely subject the many in whom the bacillus was of the non-virulent variety to infection by the few who happened to harbour the virulent germ, and would certainly not eradicate post-scarlatinal diphtheria.

Again, Todd<sup>37</sup> found that this systematic examination of the throats had not prevented the occurrence in the same wards of a contagious rhinitis associated with the presence of diphtheria bacilli, which in some cases at least were proved to be virulent. This would suggest the advisability of a similar routine examination of the nose on admission; but, as shown above, over 12 per cent. of the children who are received into the Board's hospitals appear normally to present a bacillus which, although probably in the majority of cases non-virulent, is not to be distinguished by any method available to the clinician from the true diphtheria bacillus.

<sup>36</sup> Trans. of Epidem. Soc., Lond., vol. xv.

<sup>37</sup> Loc. cit.



The conclusion may, I think, be drawn that, however useful bacteriological examination may be in suspicious cases, systematic examination of the nature suggested would be of no practical value in these hospitals. It must, therefore, be admitted that, in spite of the greatest care, it is impossible, with the means at present at our command, to prevent the occasional introduction by patients of virulent diphtheria bacilli into the scarlet fever wards.

(ii.) *By members of the staff.*—It follows from what has already been said that nurses who have been working in wards containing diphtheria or post-scarlatinal diphtheria patients should not be put on duty in scarlet fever wards unless they have been proved by culturing to be free from the means of infecting their charges with diphtheria. In the selection of fever nurses special attention should be paid to the condition of the throat; the case recorded in the last section shows how difficult it is to free from diphtheria bacilli the fauces of those who suffer from chronically enlarged tonsils.

I have not yet referred to the precise means by which bacillus-carrying nurses may transmit the germs to children under their care. It is obvious, as Denny<sup>38</sup> remarks, that a person is dangerous “in proportion to the number of bacilli which “are given off from him. In an acute case of diphtheria, when the child is coughing “and gagging and the secretions are profuse, the bacilli will be disseminated more “than they are in the mild or convalescent cases. Still from the mild cases, and “equally from healthy individuals, there is abundant opportunity for the bacilli to “be disseminated. In coughing and sneezing, and even, according to Pflugger, in “speaking, the bacilli are scattered abroad.” A more likely means, in the circumstances under consideration, both of acquiring and of distributing infection, would seem to be the fondling and kissing of children; the rule, which is understood in every hospital, that no child should be kissed by a nurse is, without doubt, very frequently broken.

(B.) **PREVENTION OF SPREAD.**—The number of patients developing post-scarlatinal diphtheria will necessarily depend on the number brought in contact with those already infected with the bacillus.

This is one of the principal objections to that increase in the *number of beds in a ward* which is sometimes required in time of pressure. For example, it happened here, when under these circumstances six extra beds had been placed in each of the convalescent wards normally receiving 20 patients, that a case of post-scarlatinal diphtheria occurred in one, the source of infection not being obvious. The 26 children were kept in bed and cultures made from their throats, with the result that in 13 diphtheria bacilli were detected. In the then crowded state of the hospital it would have been difficult to isolate such a large number, but the simultaneous outbreak in the ward of varicella effectually prevented any such attempt. All those harbouring diphtheria bacilli were, therefore, placed on one side of the ward and attended to by special nurses; they were allowed up and taken for exercise at different hours from the other patients, in fact, strictly kept from contact with those free from the bacillus. Seven of these patients subsequently developed signs of mild faucial inflammation, in some cases with slight exudation. It was satisfactory to find that in no case was a bacillus-free child on the opposite side of the ward infected.

When resident medical officer some years ago at a hospital for children, I

<sup>38</sup> Trans. of Epidem. Soc., Lond., vol. xv.



became convinced that in institutions of that character many-bedded wards were a mistake, on account of the liability to introduction of various infectious diseases. Experience of isolation hospitals has led me to the same opinion as regards fever hospitals. In the designing of institutions to be used largely or entirely for the treatment of children, there can be no question that the smaller the wards, consistent with economy in building and administration, the better.

It naturally follows that the intermingling of patients from different wards is much to be deprecated. At several isolation hospitals in this country a *common recreation room* is provided for the use of all the scarlet fever convalescents. It is easy to see how this favours the spread of secondary diphtheria: an infecting child is brought into most intimate contact with scores of more or less susceptible patients, and it is but natural that hospitals of such construction should present a high incidence of post-scarlatinal diphtheria.

When the virulent bacillus has invaded a scarlet fever ward, as evidenced by the occurrence of a case of secondary diphtheria, cultures<sup>39</sup> should be taken of all the other patients in the ward (these being kept in bed until the results are known), and the nurses' throats should be similarly examined. Pursuing this line of treatment, we have often found several persons with apparently normal throats harbouring the diphtheria bacillus.

Now, it was shown in a previous section that such bacillus-carrying persons were capable of communicating virulent diphtheria to susceptible children. It cannot be doubted that in hospitals where a general congregation of patients in a recreation room is permitted the production of bacillus-carrying children is not infrequent. The possible harm done by the introduction of diphtheria bacilli into a ward is to be gauged, not by the number of patients who develop post-scarlatinal diphtheria, but by the number infected with the bacillus. The former, which alone is recorded in the Board's statistics, is no guide to the amount of evil which may possibly result from the discharge to their homes and schools of children who, though apparently healthy, carry with them the virulent bacillus of diphtheria.<sup>40</sup> It follows, therefore, that exposure to this infection should be most carefully guarded against, and that the adoption of what may be called a "barrack" system (so often denounced in the case of schools) should be discountenanced in hospitals for fever convalescents.

It is evident that secondary diphtheria will, in spite of all precautions, continue to occur in scarlet fever wards until a more convenient method than inoculation is devised for distinguishing the true bacillus. If the only difference between it and its non-virulent simulator is the formation of toxin, it is difficult to imagine that any test available to the clinician will ever be discovered. On the other hand, as I have endeavoured to show, there is no definite evidence that the primary introduction of virulent diphtheria bacilli into scarlet fever wards is more than infrequent, and hence we are encouraged, as well as compelled, to direct our attention mainly towards preventing spread of infection.

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<sup>39</sup> Inspection of the nasal cavities is also advisable.

<sup>40</sup> To show that this is no mere theoretical consideration, the following case may be cited:—A child, after being in hospital suffering from scarlet fever for about the average period, was discharged apparently in good health—the throat and nose being noted as quite normal. In the ward in which he had been treated, a mild case of tonsillitis had occurred, which culturing showed to be diphtheria. Some days after the boy's return home, he himself continuing in perfect health, his two sisters were attacked with diphtheria, which I believe in one rapidly proved fatal. The throats of all the patients in the ward in which the boy had been were examined bacteriologically, and several were found to be infected with the diphtheria bacillus.



## ERRATUM.—POST-SCARLATINAL DIPHTHERIA DURING 1899.

GORE FARM HOSPITAL.—TABLE XII.—*Post-Scarlatinal Diphtheria during 1899—continued. (Omitted from Medical Supplement for 1899.)*

No.	Initials.	Sex	Age	Ward.	Date of Onset of Scarlet Fever.	Date of Onset of Diphtheria.	Days after Admission	Nature of Attack.	Result.	Antitoxin or not.
115	J. B.	M	6	L	Apr. 5/99	May 4/99	30	Laryngeal ...	R ...	Antitoxin.
116	E. J.	F	6	A	" 6 "	" 22 "	48	Faucial ...	R ...	"
117	H. J.	M	9	S	May 18 "	July 26 "	69	" ...	" ...	"
118	G. J.	F	13	F	Apr. 5 "	June 10 "	66	" ...	R ...	"
119	H. H.	F	4	A	May 6 "	" 11 "	33	" ...	R ...	"
120	G. C.	F	7	A	Mar. 22 "	" 14 "	84	" ...	R ...	"
121	G. M.	F	8	F	May 5 "	" 20 "	46	" ...	R ...	"
122	J. W.	M	10	S	" 30 "	" 27 "	25	Laryngeal ...	R ...	"
123	G. K.	F	6	F	Apr. 4 "	" 23 "	67	Faucial ...	R ...	"
124	O. L.	M	10	I	May 23 "	July 15 "	53	" ...	R ...	"
125	L. H.	F	12	F	" 25 "	June 28 "	31	" ...	R ...	"
126	C. M.	M	3½	L	" 10 "	" 24 "	45	" ...	R ...	"
127	N. H.	F	5	A	Apr. 30 "	" 24 "	55	Laryngeal ...	R ...	"
128	G. J.	F	12	F	" 7 "	" 2 "	56	Faucial ...	R ...	"
129	L. J. B.	M	3	O	May 13 "	July 18 "	61	" ...	R ...	"
130	F. S.	F	7	C	" 2 "	" 13 "	72	" ...	R ...	"
131	F. J. D.	M	4	B	" 8 "	" 25 "	78	" ...	R ...	No antitoxin.
132	R. F.	F	9	B	Mar. 26 "	May 8 "	41	" ...	R ...	Antitoxin.
133	J. C. W.	F	13	C	June 19 "	July 18 "	29	" ...	R ...	"
134	G. L. M.	F	4	B	May 30 "	" 23 "	54	Laryngeal ...	R ...	"
135	W. G. M.	M	5½	I	" 28 "	" 29 "	60	Faucial ...	R ...	"
136	A. J. H.	M	6	S	June 10 "	Aug. 1 "	52	Laryngeal ...	R ...	"
137	A. M.	F	6	F	" 21 "	" 9 "	47	Faucial ...	R ...	"
138	A. R.	F	10	F	May 16 "	" 14 "	90	" ...	R ...	"
139	G. C.	F	10	C	June 18 "	" 15 "	56	" ...	R ...	"
140	G. T.	M	16	H	July 19 "	" 19 "	31	" ...	R ...	"
141	G. A.	F	4	O	Aug. 3 "	" 25 "	22	" ...	R ...	"
142	G. M.	F	5	D	June 26 "	" 22 "	57	" ...	R ...	"
143	G. B.	F	3	F	" 4 "	July 31 "	56	" ...	R ...	"
144	F. J. M.	M	6	L	" 27 "	Aug. 23 "	57	" ...	R ...	"
145	S. T.	M	6½	I	" 13 "	" 18 "	66	" ...	R ...	"
146	A. A. W.	F	3	P	July 6 "	" 25 "	49	" ...	R ...	"
147	F. Q.	M	7	L	June 5 "	" 24 "	79	Laryngeal ...	R ...	"
148	I. P.	F	5	P	" 21 "	" 24 "	64	Faucial ...	R ...	"
149	W. J. W.	M	3	E	" 30 "	" 24 "	55	" ...	R ...	"
150	E. W.	M	3	E	July 8 "	Sept. 2 "	56	Laryngeal ...	R ...	"
151	G. J.	F	4	P	June 5 "	Aug. 24 "	79	Faucial ...	R ...	"
152	W. J. H.	M	16	I	July 30 "	Sept. 2 "	32	" ...	R ...	"
153	E. B.	M	7	I	" 10 "	Aug. 30 "	49	" ...	R ...	"
154	E. F.	M	4	I	" 14 "	" 27 "	43	" ...	R ...	"
155	P. A.	M	9	L	" 14 "	Sept. 17 "	62	" ...	R ...	"
156	J. C.	M	9	L	" 15 "	" 5 "	50	" ...	R ...	"
157	H. C.	F	9	E	Aug. 4 "	" 20 "	47	" ...	R ...	"
158	A. H.	F	6½	E	July 21 "	" 17 "	57	" ...	R ...	"
159	D. H.	F	5	F	" 4 "	" 20 "	76	" ...	R ...	"
160	A. C.	F	5	O	June 21 "	Aug. 20 "	60	" ...	R ...	"
161	R. C.	F	5	P	July 7 "	Sept. 11 "	65	" ...	R ...	"
162	J. S.	F	8	O	June 21 "	Aug. 26 "	66	" ...	R ...	"
163	S. H. G.	M	6	L	July 16 "	Sept. 16 "	61	" ...	R ...	"
164	G. B.	M	6	L	" 12 "	" 20 "	70	" ...	R ...	"
165	D. H.	F	3	D	Oct. 14 "	Dec. 9 "	54	" ...	" ...	D
166	E. A.	M	4	B	July 7 "	Sept. 17 "	72	" ...	R ...	"
167	E. M.	F	10	O	Aug. 18 "	" 12 "	25	" ...	R ...	"
168	H. R.	M	2½	B	" 18 "	" 12 "	25	" ...	R ...	"
169	G. D.	F	14	F	Sept. 22 "	Oct. 10 "	18	" ...	R ...	"
170	G. S.	M	4	P	July 12 "	Sept. 26 "	75	" ...	R ...	"
171	E. A.	F	6	O	" 27 "	" 18 "	78	" ...	R ...	"
172	W. S.	M	5	L	Aug. 20 "	Oct. 7 "	48	Laryngeal ...	R ...	"
173	S. A. Q.	M	3	B	" 29 "	" 9 "	35	" ...	R ...	"
174	F. M.	M	7	I	Sept. 7 "	" 7 "	30	Faucial ...	R ...	"
175	W. D.	M	4	E	Aug. 29 "	" 22 "	53	" ...	R ...	"
176	A. J. U.	M	11	L	" 25 "	" 24 "	57	" ...	R ...	"
177	J. C.	M	7	I	" 4 "	Sept. 19 "	46	" ...	R ...	"
178	E. W.	M	12	L	Sept. 30 "	Oct. 23 "	21	Laryngeal ...	R ...	"
179	N. N.	F	4	E	Aug. 14 "	" 18 "	64	Faucial ...	R ...	"
180	J. S.	M	5	L	" 29 "	" 7 "	39	" ...	R ...	"
181	C. S.	M	9	I	Sept. 18 "	" 27 "	39	" ...	R ...	"
182	C. U.	F	4	M	" 11 "	" 31 "	50	Laryngeal ...	R ...	"
183	M. A.	F	10	F	" 17 "	Nov. 1 "	45	Faucial ...	R ...	"
184	K. S.	F	5	D	" 14 "	" 1 "	48	" ...	R ...	"
185	L. C.	F	6	F	" 4 "	Oct. 27 "	53	" ...	R ...	"
186	N. R. T.	F	13	D	" 8 "	Nov. 2 "	52	" ...	R ...	"
187	D. V.	F	8	N	" 18 "	" 1 "	44	" ...	R ...	"
188	W. A.	M	7½	E	" 22 "	" 3 "	42	" ...	R ...	"
189	A. C. R.	M	3½	N	Oct. 2 "	" 6 "	35	" ...	R ...	"
190	C. W. M.	M	6	L	Aug. 5 "	Oct. 7 "	59	Laryngeal ...	R ...	"













A MAP OF  
LONDON  
DIVIDED  
THE SEVERAL SANITARY DISTRICTS  
PREPARED BY  
THE METROPOLITAN DISTRICT  
BOARD

SCARLET FEVER 2<sup>ND</sup> QUARTER 1900

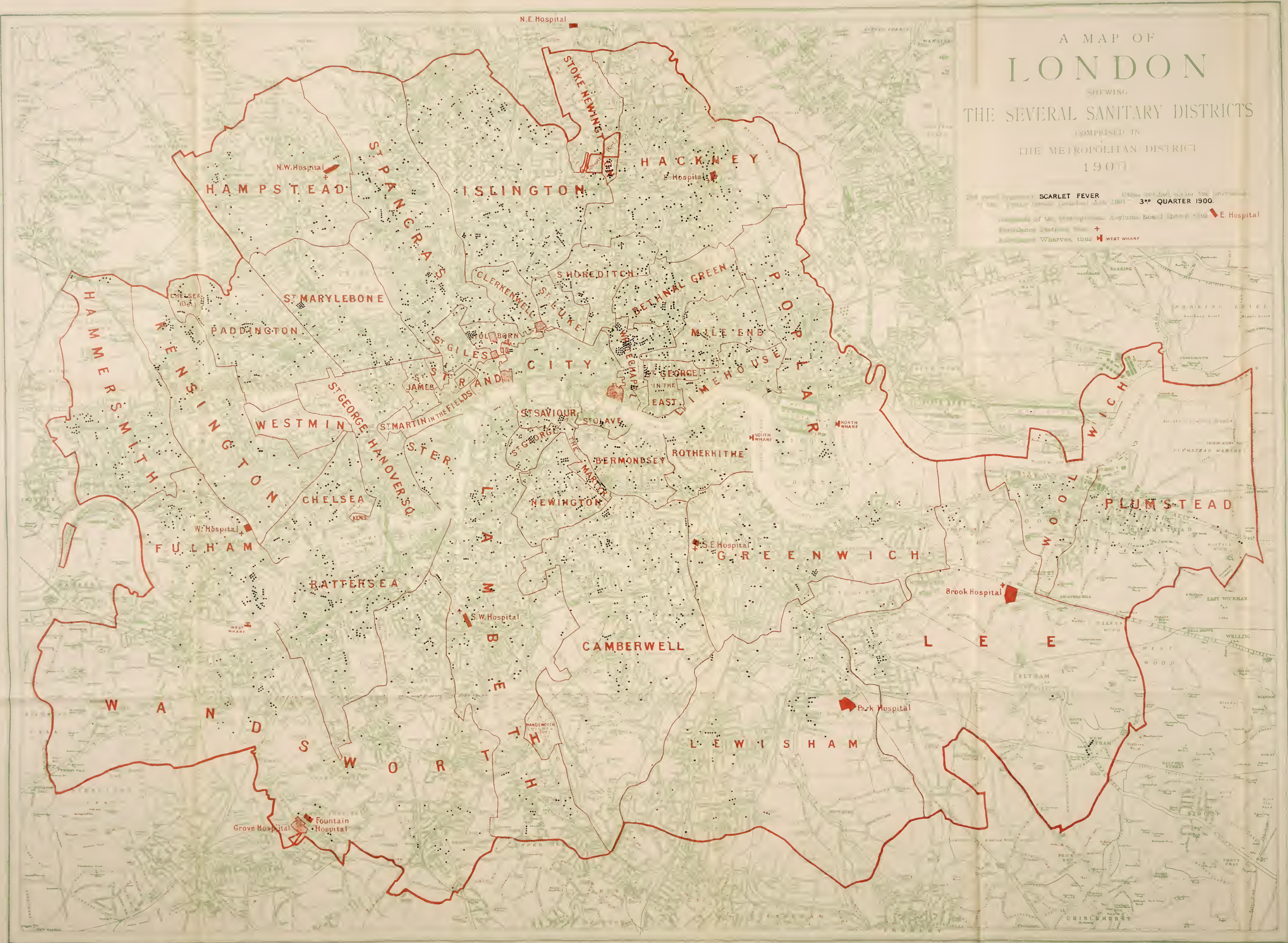
University of the Philippines Hospital, Donor Street, 1010 E. Hospital  
 Makamisa, Manila 1010 +  
 Makamisa, Manila 1010 WEST WHARF





A MAP OF  
**LONDON**  
SHOWING  
THE SEVERAL SANITARY DISTRICTS  
COMPILED IN  
THE METROPOLITAN DISTRICT  
1900

SCARLET FEVER Cases under the Prov.  
of the Local Board of Health 1891 3<sup>rd</sup> QUARTER 1900.  
+ Aylum Board Hospital  
+ E. Hospital  
+ Wharves, thus H WEST WHARF





A WAY OF  
LONDON

THE SEVERAL SANITARY DISTRICTS

SCARLET FEVER 4<sup>TH</sup> QUARTER 1900.

4<sup>TH</sup> QUARTER 1900.

E. Hospital

+

**H WEST WHARF**





A MAP OF  
**LONDON**  
 SHEWING  
 THE SEVERAL SANITARY DISTRICTS  
 COMELED IN  
 THE METROPOLITAN DISTRICT  
 1900

The spots represent **DIPHTHERIA** cases reported in the Public Health Reports for the year 1900.  
 Hospitals of the Metropolitan Asylums Board are marked with a cross (+).  
 Ambulance Stations are marked with a cross (+).  
 Ambulance Wharves, thus marked with a cross (+).





A MAP OF  
LONDON  
SHOWING  
THE SEVERAL SANITARY DISTRICTS  
COMPILED IN  
THE METROPOLITAN DISTRICT  
1901

The spots represent DIPHTHERIA Cases notified under the provisions of the Public Health Act 1891. LAST SIX MONTHS 1900.

Hospitals of the Metropolitan Asylums Board, E. Hospital  
+  
Ambulance Stations, and  
Ambulance Wharves, and WEST WHARF







A MAP OF  
LONDON  
SHEWING  
THE SEVERAL SANITARY DISTRICTS  
COMPRISED IN  
THE METROPOLITAN DISTRICT  
1900.

The spots represent SMALLPOX & TYPHUS FEVER Cases notified under the provisions of the "Public Health (London) Act, 1891."

THE TYPHUS CASES ARE REPRESENTED BY CROSSES +

Hospitals of the Metropolitan Asylums Board shown thus  E. Hospital




Ambulance Stations, thus +

Ambulance Wharves, thus  WEST WHARF





A MAP OF  
**LONDON**  
(SHOWING)  
THE SEVERAL SANITARY DISTRICTS  
COMPRISED IN  
THE METROPOLITAN DISTRICT  
1900

The map is printed **ENTERIC** (as defined under the provisions of the Public Health (London) Act 1900)  
Hospitals of the Metropolitan Asylums Board shown thus  E. Hospital  
Ambulance Stations, thus  +  
Ambulance Wharves, thus  WEST WHARF















